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ABSTRACT

This book contains the transcripts of four hearings of the Senate Subcommittee on Children and Youth which considered the issues of baby selling and adoption of children with special needs. Through interviews with professionals in adoption and child welfare, attorneys, and parents, the committee explored the dimensions of the problems as well as the existing and proposed federal policies which affect the adoption of children and their placement in foster homes. Two hearings on baby selling examined the issue of human rights; the extent and cost of "black market" adoptions (including the extent of involvement of doctors and lawyers); and the problems with the ways legal adoptions are handled. The two hearings on the adoption of children with special needs focused on consideration of Senate bill 1593 (the proposed Opportunities for Adoption Act of 1975) in addition to other existing and proposed federal legislation. Official statements of witnesses and numerous supporting documents submitted to the committee are included. (ED)

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HEARINGS

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

OF THE

COMMITTEE ON
LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

NINETY-FOURTH CONGRESS

FIRST SESSION

ON

EXAMINATION AND EXPLORATION OF EXISTING AND PROPOSED FEDERAL POLICIES AFFECTING THE ADOPTION OF CHILDREN AND THEIR PLACEMENT IN THE FOSTER CARE SYSTEM

BABY SELLING
APRIL 28 AND 29

ADOPTION OF CHILDREN WITH SPECIAL NEEDS
JULY 14 AND 18, 1975

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CONTENTS

Text of: — Page
S. 1593 — 269

CHRONOLOGICAL LIST OF WITNESSES

MONDAY, APRIL 28, 1975

Reid, Joseph H., executive director, Child Welfare League of America, Inc., New York, N.Y., accompanied by Elizabeth S. Cole, director, North American Center on Adoption, Special Project, Child Welfare League of America, Inc — 3
Audio-visual documentary presented by Fred Francis, WTVJ television, Miami, Fla — 37
Francis, Fred, WTVJ television, Miami, Fla.; Lynne McTaggart, Chicago Tribune-New York News Syndicate, New York, N.Y., Maury Z. Levy, Philadelphia Magazine, Philadelphia, Pa., and Bob McAuley, Cleveland Plain Dealer, Cleveland, Ohio, a panel — 41
Burns, Robert H., attorney at law, Miami Beach, Fla — 119
Horner, Sharon, Philadelphia, Pa., and Mr. and Mrs. Alan B. Lesser, Audubon, Pa., a panel — 141

TUESDAY, APRIL 29, 1975

Moss, Richard Alan, deputy district attorney, Los Angeles County, Calif — 157
Oakley, Hon. Brice, State representative from the State of Iowa — 178
Leavitt, David Keene, attorney at law, Beverly Hills, Calif., accompanied by Mrs. Leavitt — 191

MONDAY, JULY 14, 1975

Cole, Elizabeth S., director, North American Center on Adoption, Special Project, the Child Welfare League of America, Inc — 282
Donley, Kay, executive director, Spaulding for Children, Chelsea, Mich., accompanied by Joyce Owens, Pinckney, Mich. and Mr. and Mrs. Michael Meagher, Webberville, Mich — 307
Burke, Hon. Yvonne B., a U.S. Representative in Congress from the State of California — 371
Ramirez, Helen, deputy director, Los Angeles County Department of Adoption, Los Angeles, Calif.; accompanied by Ruth M. McCracken, executive director, Children's Home Society of North Carolina, Greensboro, N.C.; and Roger Toogood, executive director, Minnesota Children's Home Society, St. Paul, Minn., a panel — 386

FRIDAY, JULY 18, 1975

Moore, Evelyn K., executive director, Black Child Development Institute; accompanied by Alfred B. Herbert, Jr., adoption project director, Black Child Development Institute — 438
Forsythe, Peter W., vice president, Edna McConnell Clark Foundation, New York, N.Y — 443
Seidel, Henry M., M.D., chairman, Committee on Adoption and Dependent Care, American Academy of Pediatrics, Columbia, Md — 467
Corcoran, Msgr. Lawrence J., executive director, National Conference of Catholic Charities, Washington, D.C., accompanied by Mathew H. Ahmann, associate director for governmental relations, National Conference of Catholic Charities, Washington, D.C — 477
Tremitiere, William C., an adoptive parent, and manager of Children's Programs for Tressler-Lutheran Service Associates, York, Pa — 498
Kravik, Mark and Patricia, and Linda Dunn, Council on Adoptable Children, Inc., of Metropolitan Washington, D.C — 528

STATEMENTS

Page

American Academy of Pediatrics, Committee on Adoption and Dependent Care, prepared statement 471

A guide for collaboration of physicians, social worker, and lawyer in helping the unmarried mother and her child, by the U.S. Childrens Bureau, prepared statement 8

Audio-visual documentary presented by Fred Francis, WTVJ television, Miami, Fla. 37

Burke, Hon. Yvonne B., a U.S. Representative in Congress from the State of California 371

  Prepared statement 376

Burns, Robert H., attorney at law, Miami Beach, Fla 119

Busch, Joseph P., district attorney, Los Angeles County, Calif., prepared statement 170

Children's Home Society of North Carolina, Inc., Ruth M. McCracken executive director, prepared statement 403

Child Welfare League of America, Inc., prepared statement 44

Cole, Elizabeth S., director, North American Center on Adoption, Special Project, the Child Welfare League of America, Inc 282

  Prepared statement 291

Corcoran, Msgr. Lawrence J., executive director, National Conference of Catholic Charities, Washington, D.C., accompanied by Mathew H. Ahmann, associate director for governmental relations, National Conference of Catholic Charities, Washington, D.C 477

  Prepared statement 485

Council on Adoptable Children, Inc., prepared statement 536

Donley, Kay, executive director, Spaulding for Children, Chelsea, Mich., accompanied by Joyce Owens, Pinckney, Mich. and Mr. and Mrs. Michael Meagher, Webberville, Mich 307

  Prepared statement 325

Edna McConnel Clark Foundation, prepared statement 450

Forsythe, Peter W., vice president, Edna McConnell Clark Foundation, New York, N.Y 443

  Prepared statement 450

Francis, Fred, WTVJ television, Miami, Fla.; Lynne McTaggart, Chicago Tribune-New York News Syndicate, New York, N.Y.; Maury Z. Levy, Philadelphia Magazine, Philadelphia, Pa.; and Bob McAuley, Cleveland Plain Dealer, Cleveland, Ohio, a panel 41

Holt International Children's Services, Inc., John E. Adams, executive director, prepared statement 560

Horner, Sharon, Philadelphia, Pa., and Mr. and Mrs. Alan B. Lesser, Audubon, Pa., a panel 141

Kravik, Mark and Patricia, and Linda Dunn, Council on Adoptable Children, Inc., of Metropolitan Washington, D.C 528

  Prepared statement 536

  Additional statement 547

Leavitt, David Keene, attorney at law, Beverly Hills, Calif., accompanied by Mrs. Leavitt 191

  Prepared statement 200

Lesser, Mr. and Mrs. Alan B., parents, Audubon, Pa., prepared statement 146

  Additional statement 151

Levy, Maury Z., editorial director, Philadelphia Magazine, prepared statement 117

Los Angeles County Department of Adoptions, prepared statement 391

McAuley, Bob, Cleveland Plain Dealer, Cleveland, Ohio, prepared statement 114

McCracken, Ruth M., executive director, the Children's Home Society of North Carolina, Inc., Greensboro, N.C., prepared statement 404

McTaggart, Lynne, New York News staff writer, prepared statement 95

Meagher, Michael and Ryley, Webberville, Mich., adoptive parents, prepared statement 317

Minnesota Children's Home Society, Roger Toogood, executive director, prepared statement 423

Moore, Evelyn K., executive director, Black Child Development Institute; accompanied by Alfred B. Herbert, Jr., adoption project director, Black Child Development Institute 438

Page
Moss, Richard Alan, deputy district attorney, Los Angeles County, Calif. 157
  Prepared statement 170
National Conference of Catholic Charities, prepared statement 485
North American Center on Adoption, Special Project, Child Welfare League of America, Inc., prepared statement 291
North American Council on Adoptable Children, Linda Dunn, president, prepared statement 551
Oakley, Hon. Brice, State Representative from the State of Iowa 178
Ramirez, Helen, deputy director, Los Angeles County Department of Adoption, Los Angeles, Calif.; accompanied by Ruth M. McCracken, executive director, Children's Home Society of North Carolina, Greensboro, N.C.; and Roger Toogood, executive director, Minnesota Children's Home Society, St. Paul, Minn., a panel 386
  Prepared statement 391
Reid, Joseph H., executive director, Child Welfare League of America, Inc., New York, N.Y., accompanied by Elizabeth S. Cole, director, North American Center on Adoption, Special Project, Child Welfare League of America, Inc 3
  Prepared statement 26
Seidel, Henry M., M.D., chairman, Committee on Adoption and Dependent Care, American Academy of Pediatrics, Columbia, Md 467
  Prepared statement 471
Spaulding for Children, prepared statement 325
Toogood, Roger W., ACSW, executive director, Children's Home Society of Minnesota 423
Tremitiere, William C., an adoptive parent, and manager of Children's Programs for Tressler-Lutheran Service Associates, York, Pa 498
  Prepared statement 506
  Addendum 524
Tressler-Lutheran Service Associates, Inc., prepared statement 506

ADDITIONAL INFORMATION

Articles, publications, etc.:

  A Realistic Approach to Eliminating the Baby Black Market, commentary by the Child Welfare League of America, Inc 204–234
  Baby Brokers, The, a series of articles from the Cleveland Plain Dealer, March 16, 1975 through March 22, 1975 49
  Baby Peddlers, The, by Maury Z. Levy, from Philadelphia Magazine, vol. 66, pp. 76–81, 134–137, February 1975 83
  How I Sold—And Almost Bought—A Baby, by Lynne McTaggart, from the New York News Magazine, April 13, 1975 74
  Interstate Compact on the Placement of Children, from the American Public Welfare Association, Washington, D.C 218
  It's Great Growing Into A Home And Family!, from Children's Home Society of North Carolina, Inc., annual report, calendar year 1974 412
  Leechy Lawyers In Jersey Selling Infants for 10G, by Philip Wechsler, from the New York Daily News, February 24, 1975 48
  National Survey of Black Children Adopted in 1973, December 2, 1974 216
  Older and Handicapped Children Are Adoptable: The Spaulding Approach, from Spaulding for Children, Chelsea, Mich 329
  Practices in Connection With Placing of Minor Children for Permanent Free Care or for Adoption, from the Congressional Record—Senate, March 22, 1965 14
  There Are Children Waiting, by Cathy Barnett, from the Sunday News, Lancaster, Pa., July 13, 1975 527

Communications to:

  Burns, Robert H., attorney at law, Miami Beach, Fla., from Walter F. Mondale, chairman, Subcommittee on Children and Youth, May 21, 1975 136
  Cranston, Alan, a U.S. Senator from the State of California, from Peter W. Forsythe, vice president, the Edna McConnell Clark Foundation, New York, N.Y., August 27, 1975 463
  Forsythe, Peter W., vice president, the Edna McConnell Clark Foundation, New York, N.Y., from Hon. Alan Cranston, a U.S. senator from the State of California, September 22, 1975 461

Communications to—Continued
  Mondale, Hon. Walter F., a U.S. Senator from the State of Minnesota from:
    Page
    Burns, Robert H., attorney at law, Miami Beach, Fla., July 28, 1975 138
    Leavitt, David Keene, attorney at law, Beverly Hills, Calif., April 30, 1975 232-254
    Reid, Joseph H., executive director, Child Welfare League of America, Inc., April 5, 1975 264
Selected tables:
  Frequency of adoption, 1973—Sample 215
  National survey of black children adopted in 1973, from Opportunity, a division of the Boys and Girls Aid Society of Oregon 216
  Ratio of adoption to population in the United States during 1973, by States 214

APPENDIX

BABYSELLING

I. Additional Statements

Communication to Hon. Walter F. Mondale, a U.S. Senator from the State of Minnesota, from the National Council of Organizations for Children and Youth, July 8, 1975 567
American Public Welfare Association, Brendan V. Callanan, project director, regarding adoptive practices and the interstate compact on the placement of children, prepared statement 570
Larsen Susan, adopted adult, prepared statement 578
The Adoption Study Project, Margaret McDonald Lawrence, director, Lake Forest, Ill., prepared statement 579
Communication to Senator Walter F. Mondale, from Services to Unmarried Parents and Adoptions, May 8, 1975 582
Babies: Three Thousand Dollar a Pound, from Moneysworth, May 14, 1973, vol. 3, No. 16 586

II. Background Information

Adoptions in 1971, from the U.S. Department of Health, Education, and Welfare, May 23, 1973 591
Adoptions in 1972, from the Department of Health, Education, and Welfare, February 1975 608
Adoption: The Right to be Loved, from the Christian Science Monitor, by Curtis J. Sitomer 619
We Take This Child, a candid look at modern adoption, excerpt from Independent Adoption, Doubleday, 1974, p. 138, by Claire Berman 630
Trends in Data of Special Interest to the Children's Bureau, prepared by Program Analysis Branch, Division of Research, Department of Health, Education, and Welfare, revised March 1960 645
State Laws Regarding Independent Adoptions and Subsidies for Adoption, from the Library of Congress, October 31, 1914 647
Estimates on Number of Children in Institutions (Division of Vulnerable Children, Children's Bureau) from the Library of Congress 664
Discussion of Problems of Adoption and Proposals to Help Alleviate these Problems, from the Library of Congress, April 7, 1975 667
New Crackdown on "Child Buying," from the Christian Science Monitor, by Curtis J. Sitomer, October 4, 1974 678
Child Adoption: Federal Guidelines Needed, from the Christian Science Monitor, July 25, 1974, by Curtis J. Sitomer 679
Should Adoptive Parents be Charged a Fee? from Children Today, November–December 1973, by Roger W. Toogood 680

ADOPTION OF CHILDREN WITH SPECIAL NEEDS

I. Background Information

Communication to Senator Walter F. Mondale, from Caspar W. Weinberger, Secretary, Department of Health, Education, and Welfare, May 13, 1975 687

Page
Impact of title XX on Foster Care and Adoption Services, from the Library of Congress 692
Title 20 allotments by State 698
List of 35 States which provide subsidies for adoption, as of August 1974 699
Model State Subsidized Adoption Act and Regulations, from the Department of Health, Education, and Welfare 700
What is Adoption Service?, excerpt from April 21, 1969 material submitted to the Executive Office of the President, by Ursula M. Gallagher, Children's Bureau, Office of Child Development, HEW, November 16, 1971 754
Adoption of Children With Special Needs, by Ursula M. Gallagher, specialist on Adoptions and Services to Unmarried Parents, Office of Child Development, Children's Bureau, April 26, 1972 756
Status of Adoption Service and Future Needs, by Ursula M. Gallagher, specialist on Adoptions and Services to Unmarried Parents, Office of Child Development, Children's Bureau, December 12, 1972 765
Estimated Cost of Service to Place a Child for Adoption, Child with Special Needs 771
Finding Families for the Children, by Patricia Ryan Ferman and Bruce L. Warren, Eastern Michigan University, June 1974 772
About Us and the Work We Do, from Spaulding for Children, Chelsea, Mich. 837
Older and Handicapped Children Are Adoptable: The Spaulding Approach 838

II. Letters to Subcommittee

Communication to Senator Walter F. Mondale, Chairman, Subcommittee on Children and Youth, from Linda Dunn, president, NACAC, North American Council on Adoptable Children, July 22, 1975 883
Communication to Senator Alan Cranston, a U.S. Senator from the State of California from:
  McCracken, Ruth, executive director, the Children's Home Society of North Carolina, Inc., August 1, 1975 884
  Corcoran, Rev. Msgr. Lawrence J., executive director, National Conference of Catholic Charities, Washington, D.C., September 8, 1975 and August 6, 1975 .... 887, 888
  Ramirez, Helen, deputy director, Department of Adoptions, County of Los Angeles, Los Angeles, Calif., August 1, 1975, with attachments) 889
  Campbell, Lenore K., director, Department of Adoptions, County of Los Angeles, June 27, 1975 893

III. Articles

Older Children Need Love Too, by Jacqueline Neilson, supervisor, San Diego County Department of Public Welfare, Adoption Services Section, San Diego, Calif 899
Adopting Children: The Medical Aspects, by William B. Carey, from Children Today, January–February 1974, vol. 3, No. 1 927
Adoptive Placement of the Older Child, from Child Welfare, vol. XLIX, No. 8, October 8, 1970, by Regina Chema, Loretta Farley, Florence W. Oakley, and Maureen O'Brien 933
Placements of Children Regarded as Unadoptable Prove There Are Adoption Opportunities for the Handicapped, from Children, July–August 1962, by Alice Hornecker, child welfare supervisor, District No. 6, Missouri Department of Public Health and Welfare, Mexico, Mo 941
"Hard-to-Place" Children? The Big Change in Adoption, from the Lutheran, May 1, 1974, by Richard K. Taylor 945
Mutual Support Systems in the Adoption of Older Children, by Barbara T. Tremitiere, from the Lutheran Social Concern, spring 1973, vol. 13, No. 1 949
Adoption: The Right to Be Loved, from the Christian Science Monitor, by Curtis J. Sitomer 952
Adoption of Mentally Retarded Children, by Ursula M. Gallagher, from Children, January–February 1968, vol. 15, No. 1 963
A Home for Mandy?, by Ruth Carlton, from series, "A Child is Waiting," from the Sunday News, Detroit, December 29, 1974 968

Page
Byron Responds, by Ruth Carlton, from series, "A Child is Waiting", from the Sunday News, Detroit, January 12, 1975 969
1974 Closes on a Couple of Happy Endings, 2 Families—4 Adoptions, by Ruth Carlton, from the Sunday News, Detroit, December 29, 1974 970
News Adoption Series Reports Happy Endings, 19 Children Are Not Waiting, by Ruth Carlton, from the Sunday News, Detroit, December 29, 1974 972
Jamie Needs a Special Love, by Ruth Carlton, from series, "A Child is Waiting," from the Sunday News, Detroit, January 5, 1975 973
Don Loves to Sing in Choir, by Ruth Carlton, from series, "A Child is Waiting," from the Sunday News, Detroit, January 19, 1975 974
Couple Complains About Adoption Fee 975
A Child is Waiting * * * But Where?, by Ruth Carlton, from the Sunday News, Detroit, April 13, 1975 976
County Child Care Called, "Incompetent," by Ruth Carlton, from the Sunday News, Detroit, September 7, 1975 977
State Slows Adoptions, Public Left Waiting, from the Detroit News, April 11, 1975 979

ADOPTION AND FOSTER CARE, 1975

Baby Selling

MONDAY, APRIL 28, 1975

U.S. Senate,
Subcommittee on Children and Youth of the
Committee on Labor and Public Welfare,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:45 a.m., in room 4232, Dirksen Senate Office Building, Senator Walter F. Mondale, subcommittee chairman, presiding.

Present: Senators Mondale, Randolph, Stafford, Laxalt, and Taft.

Opening Statement of Senator Walter F. Mondale

Senator **Mondale**. The committee will come to order.

The subject of adoption of children has probably never been more immediate to us than it is today.

In recent weeks we have witnessed a tremendous outpouring of sympathy and generosity toward the children who have been victimized by the war in Southeast Asia. We have all seen the stories about grateful American parents carrying home their new children from chaotic airports . . . and we have all seen the interviews with the parents who waited for months to receive a Vietnamese child who would become a member of their family.

Not all of us may have seen some other stories which have not been as well publicized. For example, the Washington Post reported that:

> Against the backdrop of Vietnamese orphans joining their new families here, 75 American youngsters—most of them healthy and between 4 and 12 years of age—are living as wards of Washington area governments, waiting to be adopted.

I am told that the story is much the same across the country. Some 100,000 children available for adoption have no families. They are not being adopted because they are handicapped, because they are no longer infants, or because they are brothers and sisters who want to remain together. These are children who need homes and would benefit just as much as the orphans from Southeast Asia and just as much as the children we will hear about today—those who become part of the so-called baby market.

This baby market has developed because there are more prospective parents than there are healthy infants who are free for adoption in this country. Many parents who want to adopt children go to agencies and are told that they must wait years for an opportunity. As a result, parents who have the financial means sometimes end up paying thousands of dollars to an intermediary who locates a baby for them.

In our hearings today and tomorrow, we will explore the operations of the baby market. We will hear from witnesses who have investigated and written extensively about it, from parents who have come in contact with it, and from experts in the child welfare field. We will also hear from attorneys who will describe for us their own experience in placing children through independent adoption, and who will argue in favor of laws which allow independent adoptions to continue.

This subcommittee is concerned about all children and youth and their problems in the broadest sense. In previous hearings and legislative action we have worked in the areas of child abuse, crib death, day care, and camp safety. We are engaged in a long-range study of trends and pressures affecting American families, and of their impact on children and youth.

Our hearings today mark the beginning of a new, major initiative for the subcommittee—an exploration of existing and proposed Federal policies affecting the adoption of children and their placement in the foster care system. We have spent many months identifying crucial issues in this area and collecting information about the effectiveness of existing laws. We are indebted to another subcommittee member, Senator Alan Cranston of California, for introducing the "Opportunities for Adoption Act" last session and again this session, and thus helping us to focus on the needs of children in our adoption and foster care systems.

We have focused our first hearings in this area on baby selling because the subject has simply become too public and too widespread to ignore any longer. Major trials in California and Florida, and a series of exposés in the media around the country suggest that baby selling does occur in many States and across State lines. It is clear that no one has accurate figures on how widespread this practice is or exactly how it affects the children and families involved. In our hearings we will attempt to secure this information and to determine whether Federal legislation is required.

Senator Randolph, would you like to make some comments at this point?

OPENING STATEMENT OF SENATOR JENNINGS RANDOLPH

Senator RANDOLPH. Thank you, Mr. Chairman. I commend you for your leadership in facing this problem. I am gratified to join in these hearings which will, hopefully, provide us with information on baby selling, the extent of this activity, and what steps should be taken to check its abuses.

As the father of two sons, as a grandfather, I cannot conceive of someone coldly and calculatingly selling another human being. Realistically, however, we know there is great demand for healthy babies—especially white babies—as reported in Sunday's Washington Post. The response of American families to the opportunities to adopt Vietnam infants is further proof that many thousands of Americans want to provide parental love.

It is certainly immoral, if not illegal, for individuals to profit from that desire. I feel the American Bar Association and the American Medical Association might want to take a closer look at the involvement of some of their members in this developing phenomenon.

It is clear that an opportunity for a nationwide system of merchandising adoptive babies exists. In our home State of West Virginia, the law permits open adoption—a contractual agreement between the mother and prospective parents. The young mother can sign a document releasing legal responsibility for the baby. Part of the agreement is payment for hospital and medical care. But the West Virginia Department of Welfare says a problem exists because, under State law, the baby must be in a home 6 months before the adoption becomes effective. In other words, the baby's rights, and the legal responsibilities of both the natural mother and adoptive parents, are left in legal limbo. The Welfare Department's Division of Social Services reports that there are apparently no organized baby market activities, but that there is in many cases a close relationship between hospital personnel and lawyers who handle adoptions. It is not known whether these relationships involve payments of commissions or finder's fees beyond the medical costs.

There are many dedicated, humane individuals and organizations engaged in the adoption process. They seek to match up the right child with the right parent. It is a necessary part of our existence. But if the black market or gray market is allowed to go unchecked, we might be giving governmental consent to the violation of human rights in the selling of human beings.

Today, 1 of every 10 mothers is 17 years of age or younger. Today more and more young people are deciding to have fewer children.

Our futurists and social planners have expressed concern about what might happen 10 or 20 years from now, when couples now reach a point beyond child-bearing age. Will many of today's young marrieds—or couples who live together without marriage and without children—suddenly become live prospects for the baby market? No one can answer that question.

What we do know is that the problem exists, and the potential for the return to an earlier day when human beings were traded like livestock is not beyond belief.

Senator MONDALE. Our first witness this morning is Mr. Joseph Reid, head of the Child Welfare League.

We are pleased to welcome you before this committee.

STATEMENT OF JOSEPH H. REID, EXECUTIVE DIRECTOR, CHILD WELFARE LEAGUE OF AMERICA, INC., NEW YORK, N.Y., ACCOMPANIED BY ELIZABETH S. COLE, DIRECTOR, NORTH AMERICAN CENTER ON ADOPTION, SPECIAL PROJECT, CHILD WELFARE LEAGUE OF AMERICA, INC.

Mr. REID. Thank you, Mr. Chairman.

I would like to introduce Mrs. Elizabeth Cole, who is accompanying me. Mrs. Cole is director of North American Center on Adoption, and she formerly was in charge of adoptions in the State of New Jersey.

Just a word about the Child Welfare League.

It is the national voluntary standards setting agency in the child welfare field, composed of some 400 agencies throughout the country and Canada, both public and voluntary.

We have long had a concern with adoption, and since the 1950's have made many studies, investigation, particularly with respect to what is called the black market in children. In other words, baby selling.

I would like to, if I may, first give some idea of the dimensions of this market. I agree with you, Senator, that there are no decent statistics. That is one thing perhaps this committee can address itself to.

Formerly, the U.S. Children's Bureau did publish good annual statistics. But since 1972, we haven't had effective information concerning adoptions in the United States, so the figures I will quote will be from 1971, the last year we had effective figures.

There are approximately 169,000 children placed for adoption in the country. Of these, 89,000 are placed with relatives; a step parent adopting their spouse's children is most common.

Of the remaining almost half, 66,000 are placed through social agencies, all of whom operate on a nonprofit basis or supervised by boards, lay boards in the community, or are parts of governmental agencies. The remainder is what we call independent adoptions; that is, adoptions not done through agencies.

Of this group, there first is the direct placement by the mother, in which there is no intermediary. In other words, she knows someone who wants to adopt her child, and with no one coming between her and the adopting parents, she places her child.

Then there is the intermediary placement that involves someone coming between the parents of the child and those who seek to adopt the child. There are approximately 16,000 adoptions of this type that take place in the country.

Now, how they divide themselves between intermediary, between direct placement, or between intermediary who is seeking profit, we do not know, because there are very few statistics on this.

There are, of course, many adoptions in which an intermediary takes place in which there is no fault of profit. This is simply a lawyer or a doctor or a minister who knows of a mother who wants to place her child for adoption and also knows somebody who want to adopt. He simply serves as a well-meaning and well-intentioned go-between.

If he is an attorney, he charges the normal fee for an adoption which may be $200 in most parts of the country, or $175.

If he is a doctor, he may ask the adopting parents, since the girl may not have the money to do so, to pay for the actual medical costs, but his medical costs are the normal costs, the fees he normally charges.

Money exchanges hands, but is only to pay for actual costs. There is no thought of profit.

And, finally, we come to that group which best estimates are approximately a third of the intermediary placements—black market placements; that is placements in which whoever the intermediary is, he is in it to make money. He regards himself as someone that is bringing together a person who has a child and the parents who want to adopt the child, but he does it for the purpose of securing a profit for himself.

We estimate there are approximately 5,000 children involved in this particular figure.

Senator MONDALE. How solid is that figure?

Mr. REID. It is a very unsolid figure. It is based upon scattered statistics that come to State departments of public welfare, to adoption agencies, and sometimes to district attorneys' offices. But it is not a solid figure.

But we do know this. In the 1950's there was a very large black market, and we did very thorough investigations of it. It is now growing very rapidly again because we are getting reports throughout the country.

We have talked with many people in the press, and later you will be hearing from some of the reporters who have done a fine job in detailing this particular market.

There is one significant thing today, however, that we must take into consideration——

Senator LAXALT. Excuse me one moment, Mr. Reid.

In connection with the 5,000 figure, what is the breakdown between interstate and intrastate trafficking?

Is this a total figure we are talking about?

Mr. REID. This is a total figure.

However, we believe that most of the real hard core black market placements are across State lines or, frankly, across international lines.

The development recently that causes great concern is the more ready access that the black markets have—that the baby sellers have to unmarried mothers.

In the 1950's and 1960's, it was difficult for them to find unmarried mothers. They had to adopt all sorts of methods to get in touch with her.

We are filing a report that we did in the 1950's as an appendix that will detail some of the methods then.

Today, as you will hear, there is a great difference. And that is the fact that the abortion clinics in the United States are providing ready access to the black marketer to unmarried mothers.

In the hearings later, I know you are going to be hearing the details of this. We have been concerned with this now for 2 or 3 years. It is obvious this is one of the major spots from which unmarried mothers are coming to be referred to black marketers.

If I may at this point, I would like to turn to Mrs. Cole and ask her to describe to you why we think this black market is again developing and what is bad about it.

Senator MONDALE. Mrs. Cole.

Mrs. COLE. Thank you, Senator.

In your opening remarks, you alluded to why you feel that the black market, or the selling of children, exists. I think you are absolutely correct.

I would like, if I may, to add some details to that opening statement.

As you know, the demand for children far exceeds the supply of white babies. I would like to stress that, white babies are the children who are most highly desired. So much has the demand exceeded the supply of children that if you or anyone else were to apply to an adoption agency in this country, the time that you would have to wait from the time you made your application until the time you had a child placed with you would probably be anywhere from 3 to 7 years.

I think this is the major contributing force—the factor that it is indeed a seller's market.

There is another factor. We alluded to the fact that there may not be as many children born who might be readily available for adoption. I think an additional fact is that 5 years ago, of all unmarried mothers who came to an agency seeking help, about 80 percent of the unmarried mothers decided that they would release their child and place it for adoption.

About 20 percent of those mothers decided to keep the children.

This situation has absolutely reversed in 5 years. In most agencies serving unwed mothers, about 80 percent of the unwed mothers are deciding to keep their children and about 20 percent to relinquish them, so much so that agencies have turned toward offering services to the unmarried mother as a viable way of serving someone in need.

So you can see that there is a tremendous demand for the children. And again, as I have stated before, the supply does not meet the demand.

Now, why does it exist?

What benefits would an unmarried mother get from coming or going to a baby seller?

One is that it is easy. Oftentimes, it is easier than any agency.

In order to qualify for medical services, the mother may have to qualify for medicaid. She may have to use a clinic. Many girls do not choose to do this.

The second thing is that it is quicker, particularly if she is being referred to the professional by the abortion counseling services. And I hope you are going to hear, during these hearings, from some investigative reporters who have conclusively tied some referral services to private practitioners in adoption.

So, very often, she gets steered to these rather than to social services.

On the other hand, she can avoid some of the red tape.

For example, *Stanley* v. *Illinois*, Supreme Court Decision, 1971, says that putative fathers have rights. Most adoption agencies also explore whether the putative father of the child would like to care for him. I do not think that this safeguard for his constitutional rights is being taken care of in the private market or baby selling market. So that the mother chooses, then, to avoid some of the red tape and some of the difficulty when she is steered or seduced away from agency practice.

What is in it for the couple is quite obvious. They can get a baby and get it quick. That, I think, is the prime motivating factor for it.

In 1955, when Congress held hearings, most of the people who were seeking children from the black market adoption were those who had been rejected by agencies. No longer is this true.

People seeking children are those who just are not able or willing to wait the 3 to 6 years to get children.

If I may, I would like to tell you what I feel is particularly wrong about that.

The first thing is that adoption is and should be a child welfare service. We really made great strides in this country when we said that and established it. In fact, we said there had to be laws to protect the children. And I think this is what bothers me most, that baby selling is not a child centered act.

This is an act for profit.

Child welfare, child well-being, child centered means that kids are entitled to determinations as to what is in their best interest based upon professional determinations.

By professional, I do not mean social workers alone, but social workers as members of a team of doctors and lawyers and other professions. I feel it is this one thing that is missing from the baby buying and selling. It is not child centered. It is profit-centered.

If it were child centered it wouldn't be that just the white babies would be placed; 100,000 children you referred to would also be their subjects. They are not. It is white. And it is babies that are the object of it. It is not a service for all children.

So that the first objection is that it is not child centered.

The second objection is that it does not really meet the needs of the unwed mother. There is no one who is really counseling her as to what her alternatives are. There is no one really telling her what her legal rights are.

Most often, people who are selling children are representing the couples who would like to buy. It is extremely difficult when the profit is the motive and when your client is the person who would like to buy to take the time to counsel the person who was supplying you with the child as to what other alternatives are available.

In addition the putative fathers' rights are not bothered with at all. Again, coming back to the child centered reasons.

The child is really not offered a choice of parents.

In agency practice, the mode is to find the best suitable parent for the child. This is not so in black market.

Again, in summary, I might say my major concern is that it is not child centered, and it does not really entail looking out for the rights of the unmarried mother, the child and, indeed, the adoptive parents.

Thank you.

Senator MONDALE. Thank you very much.

Mr. REID. I would like to address myself a bit to what might possibly be done about this. I want to stress that this is just not the opinion of the Child Welfare League. We have a statement from the U.S. Childrens Bureau, the Family Law Section of the American Bar Association, which was later, incidentally endorsed by the executive committee of the American Bar Association, the American Academy of Pediatrics, American Medical Association, and it came out very strongly in 1967 with a statement that indicated that we, for example, lawyers and doctors, should not participate independently in adoption. Rather, they should be members of a team to qualify to give full service to unwed mothers, fathers, adoptive parents of the child.

Senator MONDALE. I ask unanimous consent that this statement be printed in the record at this point.

[The statement referred to follows:]

Pages 8-9, "A Guide for Collaboration of Physician, Social Worker, and Lawyer in Helping the Unmarried Mother and Her Child," is copyrighted and not available for reproduction. It is available in Child Welfare, April 1967, p. 218-19.

Mr. **Reid**. One of the things very much needed is thorough statistics on adoption in the United States. And since so much of this today is becoming an interstate matter. Unless the Federal Government keeps track of children being placed for adoption and requires the States to report, we just do not have the statistics that are needed.

Secondly, I do think that a Federal law that attempts to cope with the problems in interstate adoption should be carefully examined by this committee. Later, if you would like, we would be glad to suggest some details of what we think should be in such a law, but we certainly urge the committee to investigate this thoroughly.

Senator **Laxalt**. May I ask a question concerning the statistics?

It is not true that for most of these cases the vast majority results in a final decree?

Mr. **Reid**. Yes; that is correct.

Senator **Laxalt**. Does not that provide us with a fairly adequate record?

Mr. **Reid**. Apparently the Federal Government has had difficulty in HEW, at least, in gathering statistics from courts.

Senator **Laxalt**. For what reason?

Mr. **Reid**. Well, the statisticians give various reasons. I would rather you ask them as to why they cannot do it.

But they get them primarily from Public Welfare Departments. But when courts get involved, and there are some courts that operate direct adoption services, and if two departments require it, Department of Justice as well as HEW is required to gather these statistics, I think that is indicated.

Senator **Laxalt**. We are developing a figure here based upon testimony of 80 percent of 4,000 roughly, and you are not talking about that amount of volume that you put almost on a 1 to 1 basis. So you get fully into court records and develop this information?

Mr. **Reid**. Sir, actually, about 169,000 adoptions, and I think we need records on the entire amount.

Senator **Laxalt**. I recognize that.

Mr. **Reid**. This is something that I think can be done. It is not an expensive thing to do. It is simply that with the reorganization of HEW, some of the so-called minor matters, like adoption, have gone done the drain.

Senator **Laxalt**. Is there presently any reporting process at all from the State to the Federal Government?

Mr. **Reid**. Yes, there is some.

The statistics in 1972 are scattered. We filed this as an appendix. Major States are not included. California does not even report to the Federal Government. They are scattered statistics that do not give you a very good idea what the trends are, what State is doing, what, and it simply is not helpful. It is a waste of money.

The third thing I think is important, and fortunately there has been some positive action recently, is that Title XX of the Social Security Act, which the Congress passed a couple of months ago, did, for the first time, permit Federal social service matching funds to be used for adoption.

Up until this time, there had been practically no Federal moneys available in this area.

Particularly the thing that Senator Mondale referred to, the thousands of children—these are all older children, particularly nonwhite children, that are in foster care in the United States, at the cost of many, many hundreds of millions. Federal moneys were available to keep them in foster care, and they were not available to get them out.

I think it is very important that we look further at methods that will make sure that children do not stay on in foster care with adoptive parents waiting.

We have seen this example around Vietnam where there have been thousands and thousands of people seeking these children. So that, again, making certain that Federal matching funds to the States are available for adoption services, and not just for keeping a child in foster care, is extremely important. And also to support such things as adoption exchanges that get an agency that has a child and an agency that has a parent for whom they cannot find a child together.

We have filed other appendix material which will detail some of the reasons why we believe that at least this committee should carefully look at the necessity of Federal legislation.

There have been some movements in this area, such as the interstate compact on children. But one of the basic problems here is that so many people regard baby selling as sort of a "non-crime" or as a crime that does not hurt anybody.

Laws without enforcement are useless. And we have a lot of laws within States that are not enforced. I certainly would not want to advocate to this committee simply another law that no one is going to enforce.

I hope, too, that the committee's hearing will indicate the acute human tragedy that is behind the lot of the baby seller. It is not simply a benign practice where some decent lawyer or doctor decides to go into the business of placing children. In fact, in our investigations, and I can say this specifically and generally, we have never found a major baby seller who is benign. He is usually involved in activities that are illegal, that frequently constitute blackmail, that exploit children and that do not stop at trying to get moneys of the adoptive parents, who are forced to go into this market.

One last thing, and then I will cease——

Senator Laxalt. If that be true on that point, why should we on the Federal level be the least bit reticent about strong criminal penalties in this field?

Mr. Reid. Frankly, sir, I do not think we should.

I think also, as in other situations, that we should not be completely tenderhearted about those people that are buying the children.

Now, 95 percent of them are well meaning people, but I do not think that fulfilling yourself as a parent, getting a child for adoption, should depend upon how much money you have.

And one of the other bad things about this is that only those people who can get together $10,000 or $15,000 or $25,000 are the people that then can have a child to fulfill their lives. This should not be a matter of that type of gross inequity.

Senator Mondale. You pointed out that in the last 10 to 15 years, the percentage of mothers keeping their babies rather than releasing them for adoption, has shifted from the point where 80 percent of the mothers used to release their babies for adoption to the point where 80 percent of the mothers keep their babies, an exact reversal. This has dramatically reduced the number of babies available for adoption.

What has caused this?

Mrs. **Cole.** The major reason, Senator, has been a shifting in our moral values, which has reduced the stigma of bearing a child out of wedlock.

Previously, a girl would place her child for adoption because it would be a stigma with which she and her child would both be branded. Very often, she chose to leave town or enter a maternity home to hide this.

And I think there has been a very definite shift in moral values, and this has resulted in many women raising their own children.

As a matter of fact, the Child Welfare League is now concluding a third year of an ongoing research investigation to see how well these mothers are raising children that have decided to keep them.

Senator **Mondale.** You indicated that the primary motivation behind the baby selling business is profit and not the best interest of the child.

Mrs. **Cole.** Yes.

Senator **Mondale.** Can you give us an example which demonstrates the difference?

Mrs. **Cole.** Yes.

I was speaking to a social worker last week, as a matter of fact, who concluded a number of investigations in independent adoptions, and she was particularly concerned about two cases.

I might illustrate those.

One was a young girl, about 15 years old, who had gotten pregnant and had gone to her gynecologist, who diagnosed pregnancy, and the girl asked if the physician would help her.

The physician said that he would, and they discussed the fact that because of her age, it would probably be best if the child be placed for adoption.

The child was placed for adoption. It was placed with the physician.

Now, this particular case is not a case that illustrates profit. But what it does illustrate is that the enlightened self-interest of the physician was not necessarily in the girl's best interest.

Now, the second case did involve profit. In this case, this was an unmarried mother, who was about 14 years old. I think I should mention that the age of the unmarried mother has decreased. We are talking about very young girls. We are talking about young adolescent girls.

In this case, the girl was 14 years old. At the time the social worker saw her, she had already placed her child for adoption. The family had proceeded to court and an investigation was being done as part of the court's making a decision as to suitability of the adoption.

The girl had absolutely no idea what her legal rights were. She had no idea what the paper was she signed. She had no idea there were other alternatives available to her. She had no idea that there might be a possibility that the father of the child might be called also to determine his rights.

Hers was an illustration of a case which had been handled by an attorney. The unmarried mother had no inkling at all of what her legal rights were.

In this case, it seemed to us, at least it seemed to the social worker before me in the investigation, that the child—the girl, unmarried mother—had not received significant legal counseling as to what her rights were.

This to us is an illustration of the kind of thing that happens.

The parents who are wanting the child are really the clients of the middleman, not the unmarried mother.

Senator MONDALE. Previous hearings on this matter dating back to the 1950's and 1960's reveal that one of the chief complaints of parents is the delay, caused by adoption agency redtape. Prospective parents feel they are not treated fairly.

How do you feel about that issue?

Is there truth in that?

Mr. REID. May I take the question?

There has been an enormous change in adoption agency standards and practice since the 1940's.

For one thing, the whole philosophy of adoption has changed. Adoption agencies believe that any child is adoptable for whom you can find a family, and that the basic thing that you are looking for in families is not wealth, it is not whether the same race or necessarily the same nationality, but simply can they give love to the family.

The age at which children are placed with social agencies by the United States has gone down enormously—perhaps the most telling thing, Senator, in terms of the changes of the 1950's.

In the 1950's, when these investigations were being held, about 30 percent of the children were placed through agencies, and it is now 80 percent. There has been a major closing of the gap. And the Child Welfare League of America has spent these last 25 years in improving agency practice and getting rid of some of the admittedly bad practices that occurred then.

Senator MONDALE. Assuming profit to be the motive of the black market selling of babies and not the child's best interest, do you have examples of instances in which a child was placed with a family which obviously should not have had it?

Mrs. COLE. I think, Senator, that that is really not the major negative in the practice. I would be frank to say that I think the majority of families who are finding the children are good families.

What we are concerned about is that there may be families who are not. And there is no way to know that until after the child experiences the damage.

The evaluation is made after placement, not prior to it.

So I would not say that the majority of families getting children are bad. I would say the opposite. They are suitable families.

But the difference is the safeguards are not being taken.

Mr. REID. I agree with what Mrs. Cole has said. Ninety-five percent of the families are fine.

But, after the Korean War, when there was a large number of Korean children brought to this country, we did a study and identified 110 families that had seriously abused the children they adopted, including six who had murdered children.

Others, whose motives were so much simply wanting to have a child, when they saw the child was not exactly the right color or had the wrong color hair, simply abandoned the child.

There are a number of situations—granted, a small minority—in which people who are completely unfit do receive children through this method for the simple reason that the black marketer does not care who adopts the kid. And there are graphic examples of this.

But I again want to stress that that is not the basic reason we oppose this.

There was a famous case, incidentally, Senator, in the State of Nevada, which caused your State to greatly improve their adoption laws in the 1960's, in which an extremely important examination, several children from California—well, it got enormous publicity.

Nevada is one of the States that cleaned up its laws following the investigation.

Senator **Mondale**. Your organization appeared before this Congress in the 1950's and again in the 1960's to urge reform that would prohibit "baby selling."

At this point I would like to insert in the record the text of the Senate Debate on such a bill in 1965.

[The text of the Debate follows:]

[From the Congressional Record—Senate, Mar. 22, 1965]

PRACTICES IN CONNECTION WITH PLACING OF MINOR CHILDREN FOR PERMANENT FREE CARE OR FOR ADOPTION

Mr. **Dodd**. Mr. President, I move that the Senate proceed to the consideration of Calendar No. 115, S. 624.

The **Presiding Officer**. The bill will be read by title for the information of the Senate.

The **Legislative Clerk**. A bill (S. 624) making unlawful certain practices in connection with the placing of minor children for permanent free care or for adoption.

The **Presiding Officer**. The question is on agreeing to the motion of the Senator from Connecticut.

The motion was agreed to; and the Senate proceeded to consider the bill (S. 624) to amend title 18 of the United States Code, to make unlawful certain practices in connection with the placing of minor children for permanent free care or for adoption, which had been reported from the Committee on the Judiciary, with amendments on page 2, line 8, after the word "receives", to strike out "any"; in line 21, after the word "services", to insert "directly in connection with the consultation regarding, and the preparation and execution of documents necessary to accomplish the legal placing or arranging for the placement of a child in a home for permanent free care or adoption;" and on page 5, line 12, after the word "or", to strike out "courts" and insert "any court"; so as to make the bill read:

"*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That title 18 of the United States Code is amended by inserting at the end of chapter 53, a new chapter as follows:

"CHAPTER 54—INTERSTATE PLACEMENT OF CHILDREN FOR PERMANENT FREE CARE OR FOR ADOPTION

"§ 1181. Placing child for permanent free care or for adoption for compensation

"(a) Whoever, either by himself or through any agent or employee, or other person, directly or indirectly solicits, collects, or receives money or anything of value, or the promise thereof, in any manner whatsoever, for placing or arranging for the placement of any child in any home for permanent free care or for adoption, under circumstances requiring or resulting in such child being transported in interstate or foreign commerce, shall be fined not more than $10,000 or imprisoned not more than five years, or both.

"(b) The provisions of this section shall not apply in the case of (1) money received by or paid to a child-care or adoption agency in any State, either public or private, which is authorized or licensed by said State to provide permanent care for children or to place children for adoption, as reimbursement for providing services by said agency; (2) fees received solely for professional legal services directly in connection with the consultation regarding, and the preparation and execution of documents necessary to accomplish the legal placing or arranging for the placement of child in a home for permanent free care or adoption; or (3) fees received solely for professional medical services directly in connection with the prenatal care of the natural mother or delivery, examination, or treatment of the child.

"(c) Nothing in this section shall be construed to penalize (1) any person for placing or arranging for the placement of any child in any home for permanent free care or adoption, if such person is the natural parent of such child; or (2) any person who arranges, or seeks to arrange, for the placement in his home of a child for the purpose of adopting such child or providing him with permanent free care.

"§ 1182. Coercion or enticement of natural parent or adoptive parents

"(a) Whoever, by himself or through any agent or employee or other person, whether in return for the payment or receipt of money or anything of value, or the promise thereof or without any such payment or receipt, in any manner whatsoever, persuades, induces, coerces, or arranges for a parent of a child (including a child in ventre sa mere) to travel from or to another place in interstate or foreign commerce to place said child for permanent free care or for adoption when the placement is made or will be made in return for the payment of money or anything of value, shall be fined not more than $10,000, or imprisoned not more than five years, or both.

"(b) Whoever, by himself or through any agent or employee or other person, whether in return for the payment or receipt of money or anything of value, or the promise thereof, or without any such payment or receipt, in any manner whatsoever, persuades, induces, coerces, or arranges for a prospective adoptive parent or prospective adoptive parents, to travel from or to another place in interstate or foreign commerce to obtain a child for the purpose of adopting such child or providing him with permanent free care, when the placement is made or will be made in return for the payment of money or anything of value, shall be fined not more than $10,000, or imprisoned not more than five years, or both.

"(c) The provisions of this section shall not apply in the case of arrangements for the transportation of a natural mother in interstate or foreign commerce by (1) any child-care or adoptive agency in any State, either public or private, which is authorized or licensed by such State to provide permanent care for children or to place children for adoption; (2) any licensed or authorized maternity home or shelter; or (3) any person who legally arranges or seeks to arrange for the placement in his home of a child for the purpose of adopting such child or providing him with permanent free care.

"§ 1183. Definitions

"As used in this chapter—

"(1) The term 'child' means any individual who has not attained the age of sixteen years; and

"(2) The term 'permanent free care' means the care given to any child on a permanent basis by any person who is not receiving compensation therefor, and is neither related to the child nor standing in such relation to the child or its mother as to create a legal interest in the child's welfare, but such term does not include the free care provided to any child by or through any licensed or authorized child-care agency or any court having juvenile jurisdiction."

SEC. 2. (a) The analysis of part 1 of title 18 of the United States Code is amended by inserting after

"53. Indians -- 1151"

the following

"54 Interstate placement of children for permanent free care or for adoption -- 1181"

(b) That part of the index to title 18 of the United States Code which describes the contents of part 1 of such title is amended by inserting after:

"53. Indians -- 1151"

the following:

"54. Interstate placement of children for permanent free care or for adoption -- 1181"

Mr. Dodd. Mr. President, I should like briefly to outline the provisions contained in S. 624 and ask my colleagues in the Senate to support this measure which is designed to control certain interstate adoption practices that bear close resemblance to the slave trade of a previous era. The most important objective of the legislation is to outlaw what amounts to the selling of newborn babies in interstate commerce to the highest bidder.

The measure was passed unanimously in the Senate last year. It was not acted upon in the House because of the lateness of the hour.

The bill would establish criminal penalties for the activities of certain unscrupulous baby brokers, sometimes members of our most honored professions, who have found it profitable to arrange adoptions, to seek out childless couples, to contact prospective mothers and often to coerce them into traveling across State lines to surrender their babies in violation of local laws.

We are opposed to the profit motive in this black market in human infants; and I believe that all reasonable men must abhor the callous disregard for the welfare of the babies and for the rights of the two sets of parents that are inherent in these transactions.

Let me give you several examples of what I am talking about.

We were told at the subcommittee hearings last summer of a doctor coercing a teenage mother to give up her baby to cover hospital expenses, so he could sell it for a huge profit.

We were told that a baby was, in effect, sold in adoption to a man convicted on the charge of a sexual offense involving children.

We were told of adoptive parents who were dissatisfied with their new baby soon after they got it and who were then told by the lawyer arranging the adoption to try it out a little longer.

We were told of a black market sale of a baby who was subsequently found to be mentally defective. He was thereupon returned to the doctor who, in turn, hired a woman to take the child without notice to its natural mother, and since she was not home at the time, it was simply left in her room.

And we were told of case after case of children who have been rejected soon after the adoption and who were then passed from hand to hand, back and forth, suffering inestimable damage that may well show up at a later date in the social cost of maintaining our courts and our penal institutions.

Mr. President, the black market in babies thrives largely on the shame, guilt, or ignorance of unmarried mothers and on the frustration, impatience, and haste of childless couples. Indeed, many of these couples have been rejected as unfit for parenthood by official agencies. These are not qualities that assure adequate protection for the child, the innocent victim of irresponsible adults.

We have evidence that over 40,000 children per year are placed in adoption without prior investigation by a social agency and we know that sometimes even the courts have no part in these adoptions because fraudulent birth certificates often show that a child delivered by an unmarried mother is born to the adoptive parents.

The bill before us is designed to eliminate these offenses against defenseless children by thwarting the efforts of the black marketeers to evade State laws and by making it illegal for these brokers to carry on a profitmaking adoption racket in interstate commerce.

I can see no objection to these provisions contained in the bill.

I should also like to take this opportunity to point out that this bill would not infringe upon State laws or responsibilities; that it would not abolish private or nonagency adoptions; that it would not abolish interstate or foreign adoptions; that it would not deprive parents of the right to seek new homes for their children without agency intervention; that it would not prevent childless couples from seeking to adopt a child directly from its natural mother; and that it would not prohibit receipt of professional fees for adoption-connected legal or medical services, childbirth, prenatal or postnatal care and the adoption proceeding itself. Any fear that this law would delimit private adoptions and force everyone to rely on agencies is groundless.

Mr. Javits. Mr. President, will the Senator yield?

Mr. Dodd. I yield.

Mr. Javits. I have sought assurances from the Senator from Connecticut, the Senator in charge of the bill, with respect to the matters to which he has referred. I should like to refer him to the additional views which I have filed with the report on the bill. I ask unanimous consent that my views may be printed in the Record at this point.

There being no objection, the additional views were ordered to be printed in the Record, as folllows:

Additional Views of Mr. Javits

It is significant to emphasize that it is not the intention of the committee in reporting this bill to eliminate or curtail legitimate private adoptions. A large number of adoptions are arranged every year in the United States and abroad through individual lawyers, physicians, friends, and relatives of the parties concerned. These adoptions are carried out in a reasonable and prudent way and bring great happiness to those concerned. There is a definite and proven need for proper means of private adoption. There are many prospective adoptive parents who do not meet the qualifications set by social agencies because of factors such as religion, age, and the requirements of State law. These parents must rely solely on private individuals to obtain children for adoption. In curbing certain abuses, the committee in no way intends to restrict legitimate private placements.

When private placements are arranged by lawyers or doctors, legitimate fees for their services are in order. This practice is in no way intended to be condemned by the members of the committee. This bill is intended to eliminate the activities of the unscrupulous individuals who sell children for a profit and who do irreparable damage to the welfare of the natural and adoptive parents and the children involved.

It should be noted from the report that it is not the purpose of this bill to infringe on State laws or responsibility nor to abolish private or nonagency adoption. The bill is intended not to interfere with intrastate matters relating to adoption, as jurisdiction for domestic relations problems has historically rested with the States. In addition, the bill in no way affects the adoption of children from foreign countries nor imposes standards with respect to adoption.

Jacob K. Javits.

Mr. Javits. My views cover a good deal more than the Senator has covered. In the additional views I make certain statements about the intent of the bill, its scope, and about the intention of the committee in reporting the bill. I do not wish to impose on the Senator, but I should like to ask him if, having read my additional views, he, as the Senator in charge of the bill would state to the Senate, that what I have said in my views represents the intent of the bill.

Mr. Dodd. Yes. I am very glad to do so. I commend the Senator from New York for his interest in this measure, and for the precaution, if I may use that term, that he has taken to be sure that the legislative intent is clear. I completely agree with the additional views he has filed with the report of the committee.

Mr. Javits. The Senator is very gracious. I should like to say further—and I believe this applies to other Senators as well—that when we declare an intention, we intend that it be honored. So I would say to my constituents that I shall welcome hearing from them at any time they feel that the legislative intent of the bill is being abused in any way, or is being carried out in any way which we did not intend. Through our power of legislative oversight we will try to make sure that our intention is honestly adhered to. I would do that for any of my constituents, and I am sure the Senator would do likewise.

Mr. Dodd. I would do that, too.

Mr. Magnuson. Rather than to hinder it.

Mr. Dodd. Yes.

Mr. Magnuson. I have been deeply interested in this subject ever since I was a member of the State Legislature of Washington, when we enacted some adoption laws. The situation is still pretty much the same in the United States. There are more people who wish to adopt children than there are children to be adopted. I can see no reason why, when children have been staying at orphan homes much longer than necessary, it has not been possible to have them adopted by worthy people. I have sometimes thought that the adoption workers do not do a very good job in finding homes for these children, and that in investigating the proposed home, become a little too technical.

I believe that in the United States any good American home is better for a child than to have the child remain in an orphan home. I should like to see a more expeditious movement of children who spend their times in orphan homes. I hope the bill will assure it.

Mr. Dodd. I assure the Senator that the bill, if passed, will indeed help facilitate what he has in mind. I hope that it will make the agencies more sensitive to their responsibilities to the public and urge them to move ahead the whole procedure of the adoption of homeless children by good parents who want to provide them with a home.

Mr. Magnuson. Sometimes the workers become too technical in their investigation. They think, perhaps, that a man who is working and might have a history of some unemployment, will not be able to take good care of the child whom he seeks to adopt. In my opinion, a child would be much better off in any home in the United States than in an orphan home.

Mr. Dodd. I do not believe there is any doubt about the value of a good home. Perhaps one of the factors that in the past made the social workers more cautious in some cases than would be required was the overabundance of parents interested in adoption. I understand however, that this is beginning to change gradually.

Mr. Magnuson. I do not criticize them. I only hope that they will lean a little the other way once in a while.

Mr. Javits. Mr. President, will the Senator yield?

Mr. Dodd. I yield.

Mr. Javits. I am proud of my association with this effort. There are few ways in which we have an opportunity in our lives to help in a more noble manner than providing assistance to homeless and parentless children. I have seen some magnificent and wonderfully happy results of adoption. Knowing the Senator from Connecticut as I do, I should like to ask him a question. I know the answer, but I think it is important to get it from the Senator in charge of the bill.

We shall be watching this program as it is worked out. The Senator has the same humility about it that the rest of us have.

If we find that for any reason this measure has missed the mark in fulfilling its intended purpose, the Senator from Connecticut will be the first to do something about it.

Mr. Dodd. I assure the Senator from New York that what he has said is exactly correct. I will be the first to step forward and say that I think that the proposed legislation is not working as we had expected it would work. I am hopeful that it will. I believe that it will. I agree that we should watch it. We should keep an eye on it and be sure that it is not used for purposes which we do not intend. I think we can do that.

Mr. Javits. I thank the distinguished Senator from Connecticut.

Mr. Dodd. I have said before and I say again that this measure may indeed strengthen the case of official agencies. I sincerely hope that it will force the agencies to reappraise their services, to eliminate outdated standards and policies and that in turn such improvements will prompt more prospective mothers and adoptive couples to turn to them for assistance and guidance.

But these are matters above and beyond the specific restrictive provisions of S. 624. This measure restricts only a specific type of criminal and profitmaking activity by certain individuals who have perverted their legitimate professional interests and who have violated the most basic humanitarian principles maintained in our society.

Mr. President, the Senate expressed agreement with the purposes and provisions of this bill by passing it in the last session of Congress.

And I should like to point out that this measure was long championed by our late distinguished colleague Senator Kefauver, of Tennessee. Senator Kefauver introduced this bill originally. He deserves the credit for it. I picked it up after I became chairman of the subcommittee. Senator Kefauver was greatly interested in it. He always encouraged me to press on with it. All the groundwork and spadework was done by him.

Subsequently, due to the interest generated by Senator Kefauver, through the years the bill has been scrutinized, refined, and endorsed by the cooperative efforts of many skilled and knowledgeable persons both in the Senate and in other governmental departments concerned with the welfare of the children of this Nation.

I should like to take this opportunity to thank the Senator from Mississippi [Mr. Eastland] for the help he gave me in advancing this bill through the Judiciary Committee and to thank the other members of the Juvenile Delinquency Subcommittee who have shown a keen interest in this measure and who have assisted in its final formulation. I would also like to single out Mr. Joseph Davis and Mr. George Green of the Judiciary Committee's staff for their guidance and assistance in our work.

And I want to express the hope that once again this bill to protect the very youngest citizens of our land will receive favorable consideration by the entire Senate and that it will go on to become one of the significant humanitarian laws enacted by the 89th Congress.

The PRESIDING OFFICER. The first committee amendment will be stated.

The LEGISLATIVE CLERK. On page 2, line 8, it is proposed to strike the word "any."

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment was agreed to.

The next committee amendment will be stated.

The LEGISLATIVE CLERK. On page 2, line 21, it is proposed to insert the following language after the word "services"; "directly in connection with the consultation regarding and the preparation and execution of documents necessary to accomplish the legal placing or arranging for the placement of a child in a home for permanent free care or adoption;"

The PRESIDING OFFICER. The question is on agreeing to the amendment.

The amendment was agreed to.

The PRESIDING OFFICER. The next committee amendment will be stated.

The LEGISLATIVE CLERK. On page 5, line 12, it is proposed after the word "or" to strike out "courts" and insert "any court."

The PRESIDING OFFICER. The question is on agreeing to the committee amendment

The amendment was agreed to.

The PRESIDING OFFICER. The bill is open to further amendment. If there is no further amendment to be proposed, the question is on the engrossment and third reading of the bill

The bill (S. 624) was ordered to be engrossed for a third reading, and was read the third time and passed.

Senator MONDALE. As I understand it, once or twice before, the Senate actually passed legislation that was not adopted. Now you say that baby selling is increasing.

Why was that legislation not adopted? What form do you think this legislation should take?

Mr. REID. There are several reasons why I think it was not adopted.

One was that the careful work with the American Bar Association, and American Medical Association had not preceded this legislation. There were many lawyers, particularly those in smaller towns, in which handling a few adoptions a year was a perfectly legitimate part of their practice, and they were not selling babies, they were simply serving as an intermediary without fault of profit.

Senator LAXALT. Is it not true that there are many lawyers who do not charge at all for adoption; it is an accepted practice?

Mr. REID. Exactly.

Ninety-nine percent of the lawyers involved in this are in it only to serve. They are not to make profit.

Senator MONDALE. That is wonderful.

Mr. REID. The same thing is true of doctors. And I think, unfortunately, in hearings of the past, an attitude got across which was entirely wrong, that the medical profession and legal profession were opposed to this. All they wanted to do was make money. That was one of the reasons, I think—well, there was not enough understanding of what was involved.

We are talking about a small percentage of people. If they were not selling babies, they would be selling whatever else was hot and produce a profit.

If sugar was scarce, they would be black marketing it or chasing ambulances or whatever.

We had another thing that occurred, and that was fear at that time. And I do not quite understand the reasons myself, but a Federal law that did subject people to subpoena in the event that evidence was needed—black marketing might somehow violate the confessional—that was one of the big objections that was made. Of course, it was not true. There would be nothing in any law that would cause a Priest to disclose what an unmarried mother disclosed to them, since obviously they have privileged communication. But perhaps it was simply too early.

There was just not enough understanding in the picture. There was a lot of hostility toward adoption agencies.

The services of adoption agencies were not large enough or complete enough. It was only subsequently that three States now—Connecticut, Delaware and Minnesota—have completely outlawed all independent adoptions. They must be done through agencies.

And, frankly, we were not sanctioning this as any national law being appropriate anyway. We think society has got to accept it because they see its danger and evils.

I think the committee can also do a very real service here in pointing out in obtaining testimony what the evils really are.

Today there is a very sharp competition for children. I personally believe that a Federal law that would enable the Federal Government to step into those situations in which it was not possible for the States to control the traffic, is the extent to which we would like to see legislation passed. And that mandated, just as we have types of legislation taking stolen cars across state lines, have mandated Federal jurisdiction to States, which are caught in a hopeless situation of not being able to prosecute because the situation was legal from the state in which the person came.

The interstate compact is going to help with part of that. Unfortunately, it does not have any penalties attached to it. I think legislation setting some very clear penalties for this is very much needed.

Senator LAXALT. You are talking purely criminal sanctions?

Mr. REID. Right.

Senator LAXALT. As far as the civil side is concerned, the solution rests with the courts that will eventually hear the matter?

Mr. REID. That is right.

I am calling about criminal sanctions for baby selling. If these sanctions are going to be effective, they need to be extended also to the people buying children. There is a great deal of blackmail that goes on in this area.

We have cases in which, for example, the people have paid the price. Often, the price above the board is one thing, and then the cash is exchanged under the table, which is actually the black market price. The attorney will say I am only collecting $2,000 or $3,000. It is the $5,000 under the table that is not reported.

Senator LAXALT. How about confidentiality between the mother and the intermediaries?

Is that being maintained?

Mr. REID. In many States, this cannot be maintained. By law—well, the natural parents will know who the adoptive parents are, and in a situation a blackmail is set up. Even before adoption is consummated, there are situations in which the price has been paid, but about a month before the adoption is legally to be consummated, after the child has been in that family for perhaps 5 months, the intermediary comes up and says, "Well, the unmarried mother is starting to cause trouble. She has found out that she can get her child back." Now, for $3,000, they can shut her up.

This is the cruelest type of thing that keeps people in great anxiety and also is not one that makes it very conducive to their relations with the infant.

They feel they are going to lose her.

Again, statistically, and I do not want to pretend that these are very meaningful statistics, because not too many of these situations are legally faulty, but the odds of a person losing a child who goes the independent route because of faulty legal handling of the case are 13 times greater than an agency placement.

Senator MONDALE. You mentioned the compact a minute ago. Isn't it possible to argue that Federal legislation is unnecessary because a compact amongst several of the States takes care of the problem? Would you respond to that?

Mr. REID. Well, the compact has been adopted by 26 States now.

Mrs. COLE. Twenty-nine States.

Mr. REID. Twenty-nine States. It is a very good move, and we strongly endorse it.

However, in our view it does not take care of the problem, because there are no penalties in it. And it depends wholly upon State law.

If you have States with weak laws, having a compact does not necessarily help that situation. If you have two States with very weak laws, it is very bad. We have had States, and do have States that are the centers for this type of activity.

There was one State, and fortunately they have since passed their laws, but up to about two years ago you could adopt a child with 1 day's residence requirements. It became a center State, where you could move from California to New York, and stop off in this southern State, where it was consummated.

Senator STAFFORD. Mr. Reid, you said that the chance of losing a child independently adopted was 13 times greater because of faulty legal procedures. Could we assume that those faulty legal procedures are deliberate, or are they accidental?

Mr. REID. They are not deliberate, sir. In fact they are primarily centered around the facts that the Senator mentioned. I misspoke myself when I said just faulty legal procedures.

It is also because the unmarried mother knows the adopted parent, and there is a third reason, probably the most important, that is she has not received counseling as to what she really wants to do.

No independent practitioner, whether it be lawyer, doctor or social worker, as far as that is concerned, operating independently, can take the time to really sit down with an unmarried mother and then make sure that she has come to a conclusion, a decision with which she can live.

So sometimes frequently after the baby is born she changes her mind, and she does find out from somebody, not her black market intermediary, he is not going to tell her, that she has a right to change her mind and seek her child back.

It is this type of situation that produces more faulty adoptions to child and family.

Senator STAFFORD. Thank you for clearing that up.

Senator MONDALE. You mentioned earlier that one of the disadvantages of independent agency placement, is the exclusion of middle- or low-income families from the adoption process since these families cannot afford to pay the substantial fees involved though otherwise these families would provide fine homes for children.

Is money, and the ability to deliver essential services to a child an acceptable criterion for judging families?

Mrs. COLE. Money is necessary, but it is not the measure of whether the family is effective. The agency is concerned that the family has enough money to take care of its needs and the child's needs.

But over and above that, money should not be the criterion in then determining who is the best parent.

I might, if I can, add something to Mr. Reid's comments on the Interstate Compact. The Interstate Compact was passed to try to avoid traffic of children between States without guarantees that the State sending the child will take care of its return should something happen, and the State receiving the children does agree to receive the child and provide the service.

One of the difficulties with the Compact is that the Compact rests on strong State laws for its effectiveness, and in the absence of strong State laws there really cannot be an effective compact.

The other thing is that the provision for a penalty in the Compact says that an agency will have its license revoked, and will not practice if it is found violating the law. The difficulty is that most people operating in independent placement for profit, which is black market, are not licensed agencies. So this does not provide sanction. They do not have a license in the State. They are independent operators.

Mr. REID. If I could add to this, one thing. There have been proposals in the past by so-called advanced social thinkers, that if it were possible to license everybody having their own children, only those people who are college graduates, and people making $25,000, and over, should have children. It is, of course, an absurd proposal.

If we allow a situation to continue that only those people who can collect $10,000 or $25,000 can have children to adopt, then we are in essence saying that families in the United States that do not have that type of income cannot have children.

I think it is simply something that should not and cannot be done in a democracy.

Senator MONDALE. I agree.

Mrs. COLE. I think none of us would be here if that was the criterion. Without immigrant parents and grandparents, we would not be here.

Senator LAXALT. May I attempt to define the problem a bit more? We are talking apparently now of the 80 percent, roughly 4 or 5,000 children—that is the total group we are talking about?

Mr. REID. About 5,000 children; yes.

Senator LAXALT. I gather that of these, that the mother chooses to keep the child, in a number of cases and the balance, of course, is involved in this problem.

What are we talking about in terms of numbers, the bottom line?

Mrs. **Cole**. For black market adoption?

Senator **Laxalt**. Yes.

Mrs. **Cole**. I think we do not know. I think 4,000 to 5,000 is a guesstimate we are putting on the total number of children that could be placed in this method.

Senator **Laxalt**. Is this fairly well confined to a given geographic area in this country at this time, or is this a nationwide problem?

Mr. **Cole**. I think it is a nationwide problem.

Mr. **Reid**. We have reports from agencies throughout the country on this, though there are certain centers that apparently are producing more of this than others—California, Florida, and a few other States.

Senator **Laxalt**. Have you any evidence at all along the front end of women being seduced to have children purely for the purpose of merchandising those children?

Mrs. **Cole**. We have read reports of that, Senator. The difficulty is that very often people do not want to tell the truth of the situation to the social worker who is investigating the adoption for finalization purposes in court. But I think some of the investigative reports that this committee is going to hear have documented those kinds of connections.

Mr. **Reid**. Particularly a report in the New York Times in which the report was on the so-called baby farm, where for $25,000 you can pick not just the mother of your child, but you can also pick the father.

If you do not have the report, we will be glad to file it.

Senator **Laxalt**. It is my personal belief, based upon quite a bit of experience as a lawyer in this field, that most of the solutions to this problem rest on the State level.

For example, on the problem of notification, Mrs. Cole, it seems to me that if the natural mother is to be properly advised, this certainly should not be done on any Federal level. Instead it is incumbent upon the court to make certain through an attorney, if there is one involved, or agency, if there is one involved, and not having either one, the court should notify and advise the natural mother of her rights.

It seems to me that this entire process can be taken care of on the local level. Most of the people I find in this area—the judges and agencies, and others—are very conscientious. I think our jurisdiction is probably restricted to interstate trafficking, and in the criminal areas?

Mrs. **Cole**. I would agree with you totally, that really the solution to bad practice would be very strong State laws.

In some States they do not notify the mother of the court hearing, she can sign that she surrenders—very often this is on it—you are waiving your right to appear at a court hearing. The mother does not have the opportunity to question first hand.

Senator **Laxalt**. But there is a serious practical problem involved there, and that is a matter of disclosure of the natural mother to adoptive parents. That is a very sensitive area.

Mrs. **Cole**. Some courts have had the hearing in a two-step process, where the first hearing is only the mother and the judge in camera, and then adoptive parents are not brought to the hearing until the second, which is sometime distant from the first, to avoid that problem.

Senator LAXALT. On the local level again, are there presently procedures in these areas where this problem has already been defined, where judges require financial information concerning the details—financial details of the adoptive transaction?

Mrs. COLE. Yes. The Bar Association has recommended in uniform statute a section that would say that the fees involved should be itemized, but not only should fees involved to be itemized and any money or value which is changed hands but they should be attested to by affidavits. Some of the States do have that provisional terminology.

It has, unfortunately, been kind of honored in the breach. The full figures are not given. Again, as Mr. Reid stated, the problem in the States which do have that full disclosure of law is the enforcement of it.

I read one State law last week where it is proposed to do away with the changing of fees by having a provision that the fees be itemized. However, there is no sanction. It does not say if the judge finds that there has been money that has been charged improperly that anything would happen.

Senator LAXALT. Nor indication that it is going to be disclosed because inherently if you are going to have a lawyer, say, trafficking in this business, and a natural mother, you are not going to get any cooperation anyhow from them in connection with disclosure requirements, and you are dealing in a quasi, if not actual criminal area here.

Mrs. COLE. Yes.

Senator LAXALT. And you could not properly apply normal standards.

Mrs. COLE. Right.

Senator MONDALE. Any questions, Senator Stafford?

Senator STAFFORD. Mrs. Cole, some discussion of criteria for the income of adopting parents was placed in the record just a few minutes ago.

Do the agencies in agency placement have some minimum criteria in which a child might or might not be adopted?

Mrs. COLE. A good agency, Senator, would not put a dollar figure on that. But it will put a principle that says a family should have sufficient income to meet minimum needs of the child. You do not put a minimum figure on it. There are variables which you cannot mention, people who get housing for free, people in service with fringe benefits.

The standard that the Child Welfare League promulgates in its standards is that there be no minimum dollar figure, but just that the amount be sufficient to care for the needs of the child.

Senator LAXALT. As a floor.

Mrs. COLE. Yes.

Senator STAFFORD. I presume the number of children already in the family might also have some bearing.

Mrs. COLE. That is true.

Senator STAFFORD. Because that would affect the care that an adopted child might get.

Mrs. COLE. That is true, too, Senator. But again, as Mr. Reid mentioned, in the decades since the 1950's agencies have tried to make eligibility requirements more reasonable. And so you would take into account the number of children that a family has.

Senator Stafford. Thank you.

Senator Mondale. Thank you very much for a most informative presentation. I notice that you have offered the Subcommittee a very comprehensive series of appendix documents. I would like to propose, if you have no objection, that we place some of the lengthier documents in the Subcommittee file where they will be available for persual by interested parties. The others will be printed in the appendix of these hearings.

Mrs. Cole. Thank you.

[The joint prepared statement of Mr. Reid and Mrs. Cole follows:]

CHILD WELFARE LEAGUE OF AMERICA, INC.
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Statement of Joseph H. Reid
Executive Director
Child Welfare League of America, Inc.
accompanied by
Mrs. Elizabeth S. Cole
North American Center on Adoption
Special Project, Child Welfare League of America, Inc.
Before the Sub-Committee on Children and Youth
United States Senate
April 28, 1975

INTRODUCTION

My name is Joseph H. Reid. I am the Executive Director of the Child Welfare League of America at 67 Irving Place, New York, N. Y. I am authorized to testify on behalf of the Board of Directors of the Child Welfare League of America on the topic of black market adoptions. I welcome the opportunity. The black market situation is grave. It must be faced now before it worsens. Already it is obvious that profiteering in human lives is increasing to the extent seen in the 1950's. There is still an absence of hard data that lets us know the full extent of the problem. Regardless of volume, however, not one human being can be sold without loss to our society. Further, appropriate federal legislation could provide safeguards.

Joining with me in this statement is Mrs. Elizabeth S. Cole, who is Director of the North American Center on Adoption. She was, until January 1975, Chief of the Bureau of Resource Development for the State of New Jersey's Division of Youth and Family Services. In this capacity she supervised that state's adoption program.

As an introduction to the base from which Mrs. Cole and I speak, I would like to tell you something of the Child Welfare League of America. Established in 1920, the Child Welfare League of America is the national voluntary organization in the child welfare field. It devotes its efforts completely to the improvement of care and services for children and their families regardless of their race, creed, or economic circumstances. There are nearly 400 child welfare agencies affiliated with the League. The group includes agencies that are publicly supported and those that are supported by voluntary funds. Some of the voluntary agencies are under religious auspices; some are non-sectarian. No one of these agencies operates for profit.

The League's program and services are directed toward one large purpose - to protect the welfare of children, youth, and their families by helping agencies and communities provide essential social services. To accomplish its overall objective of assuring that children and youth are reared under conditions that are favorable to the development, use, and enjoyment of their individual capacities, the League takes many roles. It provides leadership and services to the entire child welfare field, not just its affiliates. It is the spokesman for all children but particularly for those at risk. It calls the public's attention to unmet needs. It wins to the cause for children, partisans who as active, influential people in their communities are able to effect change. Often it acts as a catalyst. Always it serves as a clearinghouse and forum for knowledge and experience. As such it coordinates the efforts and influence of those whose concern it is to see that children and youth have the care and protection they need.

The League, as an accrediting, standard-setting agency provides consultation, conducts research, develops standards for services, sponsors annual regional conferences, maintains a reference library and information service, conducts agency or community surveys, administers special projects and publishes a journal, other professional literature, and a newsletter. From this broad base, we bring you our observations and concerns.

In previous appearances before the Congress, the League has commented on the need for federal action to prevent the movement of children across state lines when such movement entails child placement for profit. Such legislation has not been enacted. This fact, in the context of the resurging black market problem makes this hearing timely. We consequently are pleased to respond to the invitation to testify on the general need for remedies and to offer some specific suggestions.

TYPES OF ADOPTION IN THE UNITED STATES

Adoptions in the United States fall into one of two broad categories: agency adoptions or independent adoptions.

Agency adoptions are those that are arranged with the help of an organized social agency which is authorized by law or charter to administer such service. Agency adoption service comprises social work and other professional services. An agency adoption service, to carry out its purpose must be part of an interrelated program that provides services for natural parents, for the child, and for the adoptive applicants and parents.

Independent adoptions are those in which adoption is planned and implemented without participation of an organized social agency. In independent adoptions there is no formalized mechanism whereby the interdependent needs and interests of all three parties are protected. There are four types of independent adoptions: relative adoptions, direct placements, intermediary - not for profit, intermediary - for profit.

The largest category of independent adoptions are RELATIVE ADOPTIONS. Most frequently these involve a step-parent who adopts a spouse's child. Less frequently there are putative fathers who later marry the mother and adopt their own illegitimate child or children. Older brothers or sisters sometimes adopt younger brothers or sisters; aunts and uncles, their nieces and nephews; grandparents, their grandchildren. Relative adoptions, as described here, are legal.

The second category of independent adoptions is that of DIRECT PLACEMENTS made by the legal parent(s) to some one known to them. Sometimes parents who are unwilling or unable to care for their children informally relinquish them to some one they know - a family friend or a neighbor. The biological parents may subsequently relegate more and more of their responsibilities and then after the child has been in this informal placement for several years, adoption may eventuate. Direct placements, as described here, are legal except in three states.

The third category of independent adoptions is INTERMEDIARY PLACEMENTS - that may or may not involve payment of the mother's expenses. In these placements profit is not the motive even though money is sometimes exchanged. Because of the money factor, these adoptions are sometimes referred to as "gray market" adoptions. In such placements, the biological parent and the prospective adoptive parents are usually strangers. Dealings between them are handled by an intermediary. This go-between is often a well-intentioned professional person from the medical, legal or religious fields. His or her services, are stimulated by a desire to help a mother in need and at the same time help a couple wanting a child. Such placements are different from the direct placement in that the biological and prospective adoptive parents are not known to each other and have limited knowledge of each other during and after the adoptive placement. More often than not the names and addresses of biological and adoptive parents are known only to the intermediary. If money is exchanged, it is to cover the mother's medical and living expenses and the standard fee for legal services. This form of independent adoption is legal in 47 of the 50 states.

The fourth category of independent adoptions is the BLACK MARKET adoption. In these placements, the intermediary functions for profit. He or she usually charges what the traffic will bear. The profit motive takes precedence over what is in the best interests of the mother, the child, and the adoptive parents.

A practice that is closely related to black market adoption is that of falsifying a birth certificate. In these instances, no adoption proceeding ever occurs. The unwed mother is paid to enter the hospital under the name of the prospective parents.

The newborn baby is then registered as the child of the prospective parents. No adoption transpires but the child is deceptively known as the legal child of his ("adopted") parents.

In summary, relative adoptions and direct placements by parents differ from intermediary placements in that the persons adopting are related or have been chosen by the legal parent(s) and exchange of money is not involved. Money is always involved in black market adoptions and may be involved in any intermediary placements. The dividing line between paying for expenses and paying for the child can be thin. What is a reasonable fee for professional services the mother must have? What are reasonable costs for her? At what point do these exceed reasonableness and become a bribe to the mother?

NUMBER OF ADOPTIONS IN THE UNITED STATES

Nationally there are no current statistics on any aspect of adoption. Those recently released by the Department of Health, Education, and Welfare are for the year 1972. They are incomplete. We, therefore, rely on 1971 data. This absence of more current information is unfortunate because we are left without an accurate gauge of vast changes that have occurred on the adoption scene since 1971. In the absence of better data, however, we use Adoptions in 1971 (National Center for Social Statistics, DHEW). These statistics will give you a sense of the volume of adoptions in the U. S. and they will help distinguish those adoptions that are without the protections we consider essential for the three parties involved.

In 1971 a total of 169,000 children were adopted in the United States:

51% (86,200 children) were adopted by relatives

49% (82,800 children) were adopted by non-relatives

Of the 82,800 non-relative adoptions:

80% (66,240 children) were handled by agencies
20% (16,560 children) were handled independently.

It is this 16,560 children, independently adopted by persons not related to them, who comprise the population at risk or, at least, potentially at risk. Not all of these 16,560 adoptions are black market placements; some are well within most states' laws. Even though they are legal and may by chance work out satisfactorily, independent placements nonetheless have no structure that assures protection for all three parties involved in adoption. Of the 16½ thousand independent placements, how many are black market? Estimates from the field indicate that the number (based on 1971 figures) may be as high as one-third - or that is, four or five thousand children. But these are estimates; and they are estimates based on independent adoptions that were occurring when the "shortage" of babies was not as marked as it is today.

Because black market placements thrive on secrecy, to date reliable data are not available to guide us in defining the extent to which human lives are being bartered.

HOW BLACK MARKET ADOPTIONS WORK

We have already discussed briefly how black market adoptions operate. More details can be found in recent accounts revealed by investigative reporters.

Of concern, is a new approach - black market profiteering via abortion counselling centers. For some time, the Child Welfare League had suspected that there might be a connection between some such counselling services and black market adoption operators. This area for exploration was suggested to a few newspapers and we subsequently have been glad to see that several have given excellent coverage to this alliance. Other papers have investigated different aspects such as "importing" pregnant women from other countries or buying infants born in another country. Just as the abortion center racket, all of these are as odious as "blood money." Some excellent examples that we call to your attention are articles in The Christian Science Monitor, the Cleveland Plain Dealer, and the New York Sunday News. (See

Appendix). The latter two describe adoption profiteers' connection with abortion counselling services. In these instances the "victim" may be an expectant woman or adolescent too far advanced in pregnancy for abortion or one considered likely to change her mind for profit.

WHY DOES THIS EXIST?

Unfortunately, history shows over and over again that black market adoptions flourish at any time that there are fewer babies than there are people who want to adopt them.

Widespread use of contraceptives and abortions and the lessening stigma for unwed parenthood have resulted in a marked decrease in the number of infants for whom adoption was formerly needed. Thus from the standpoint of those who want a child there is an acute shortage of infants. The present situation has indeed created a "seller's" market. Of those who wish to adopt and can afford to, the following may be tempted by the black market: those parents who may have tried to adopt through an agency and have been told the wait could be from 3 to 7 years; those who have failed, or are afraid they will fail, to meet the elegibility requirements of agencies; those who wish to be independent of any agency; those members of minority religions who live in states where laws require religious matching of child to parent. Thus, in actuality there are "buyers" - that is, prospective adoptive parents who "feed" the black market.

Black market adoptions also meet the needs of some unmarried mothers. Some, particularly the very young, are afraid to go to social agencies perhaps fearing they may be reported to authorities. Others fear being connected to a "welfare" program, having to attend a clinic, qualify for Medicaid; they prefer superior paid-for hospital services. Some are financially distraught and see the black market as a way to ease their poverty. Some feel that "society" is getting a bargain and they consequently are demanding a fee for giving "birth-services."

Another reason driving some mothers to the independent adoption route is the social agency's need to contact the putative father. This practice has increased since the Supreme Court decision Stanley v. Illinois in 1971. Many mothers do not wish to identify the father and do not wish to have the publicity of legal notice to him via newspapers.

EXISTING LEGISLATION

There are only three states that have outlawed all independent adoptions except those of relatives. These are Connecticut, Delaware, and Minnesota. Several other states are working toward such legislation. Most states require a social investigation prior to the granting of an adoption petition. Their investigation is to supply the court with information into the nature of the surrender of the child by the natural parent(s), the manner of the placement, and the suitability of the receiving couple to raise the child. Most of these investigations take place after the child has been placed - too late to prevent harmful placements.

Some states limit and prescribe the roles of intermediaries. Others specify that no money shall be paid except for legitimate expenses. Unfortunately some do not define the terms "placement" and "intermediary" or stipulate that all monies expended in the adoption be itemized and sworn to by affidavit.

Twenty-nine states are signatory to the Interstate Compact on the Placement of Children. The intent of this is to govern and control the movement of non-related child placements across state lines. The Compact does not outline illegal placements or penalties. Its effectiveness has to rely on strong state laws.

All states have laws preventing the buying and selling of human beings.

How effective are these laws? Many are seriously ineffective. If a state has strict laws about who shall place and how this shall be done, this can be circumvented merely by having parents go across state borders and have the child physically placed in another state. The laws that govern the legality of the placement are those of the state in which the placement occurs, except for Compact states.

Black market profiteers tend to operate in states where the supply of children is good, and also where intermediaries are allowed to function.

Another way of avoiding any state importation law is to transport the child "in utero." Thus the Interstate Compact can be avoided since this applies to "children."

Many courts and prosecutors do not vigorously enforce existing statutes. Unfortunately in too many cases, black market adoptions are seen as a no-crime, or at best a "victimless crime." Agencies affiliated with CWLA have detailed cases where courts have refused to refer flagrant violations to the prosecutor's office. Even in states where cases have been referred, there has been a lack of prosecutions. Court calendars are clogged: the demands for all kinds of investigations exceed the resources to complete them. These seemingly not so important cases are pushed lower down the list of priorities. To be effective our state laws regarding adoption must have sanctions. The sanctions must be strong enough to serve as a deterrent and violators must be swiftly prosecuted.

CHILD WELFARE LEAGUE'S EXPERIENCE

Over the years, the Child Welfare League has expressed concern over these black market adoptions. In the nineteen fifties, sixties, and now the seventies we have appeared before Congressional committees to testify regarding this problem. We have launched investigations of our own (Deutsch) and have caused others to investigate. We have initiated studies of adoption practice and have requested funds to conduct more.

Continued:

Our experience is that black market adoption practice does not deal equitably with natural parents, children, prospective adoptive parents, and as a result - society at large. There is no equity when:

- Laws are passed, but not enforced.
- Putative fathers' rights are avoided.
- Unwed mothers receive no service on their own behalf.
- Unwed mothers are coerced, bribed or seduced into selling their children.
- Rich parents can afford to adopt while moderate to poor must wait indefinitely or forever.
- The choice of children's parents is based on who can pay the most.
- Bribes are offered to find babies either in this country or other countries.

REMEDIES

Solutions to this situation are difficult because no one has yet been able to define the parameters of the problem. Because of this we are purposefully not specifying details of legislation at this time. We would be pleased, upon the request of the committee, to submit suggestions after these hearings have been concluded. Meanwhile we believe that the following broad areas of concern need Congressional attention: (1) Accurate statistics need to be gathered from each state about the number and characteristics of children placed there. The Federal government should require rather than allow states to report. (2) The mere skeleton that these statistics will provide should be augmented by research into the nature of state laws, the effectiveness of the Interstate Compact, and the reasons adoptive and biological parents choose intermediary placements. (3) Consideration should be given to the possible benefits which might come from legislation to restrict the movement of children across state lines for black market adoption purposes.

Your calling these hearings is a source of encouragement for to us it is evidence of your desire to define the problem and to proceed toward a solution. Your leadership is essential. We would be pleased to respond further and to provide support and continued assistance. The protection of children, biological parents, and adoptive parents would indeed be a fitting celebration of the Bicentennial Year of our country's beginning.

APPENDICES

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Senator MONDALE. We are now going to watch a brief documentary which appeared on WTVJ television in the Miami area. Following that, we will have a panel of witnesses.

AUDIO-VISUAL DOCUMENTARY PRESENTED BY FRED FRANCIS, WTVJ TELEVISION, MIAMI, FLA.

Mr. FRANCIS. I want to make one brief comment.

The film you are about to see was done primarily in October and November and December. The investigative facts were gathered in January and February.

This is 6 parts of a 10 part series that was presented by WTVJ television in Miami.

With that introduction, you can roll the film.

[Film shown. the audio portion was played.]

Film No. 1. This series is about babies and the price they command. It is about young girls who are boarded in what have been dubbed "baby farms" waiting to rid themselves of unwanted children.

It is about greedy lawyers and those in their employ who are literally getting rich off human suffering and high emotion.

It is about the Florida adoption law which is so weak a high school civics class could find the loopholes which the Florida legislation somehow overlooked.

Baby selling is big business in this country, and Florida is one of the main sources of supply—the bedrock of the baby market. That is true because Florida law protects the shipment of its oranges more than it does the shipment of its children born out of wedlock. And because the law is in such a shambles it has become nearly impossible to successfully prosecute a lawyer who deals in babies, or operates a baby farm.

It is called independent adoption, but in most cases it is babies for sale.

There is a tremendous shortage in this country of adoptable white babies, because of abortions on demand, greater use of contraceptives, and women keeping children born out of wedlock.

And where there is a demand for a commodity—and babies have become a bought and sold commodity—there will always be someone geared up to supply. In our investigation it is the lawyer. Not only do attorneys supply babies for what is termed independent adoptions, but many have actually set up unstructured homes for unwed expectant mothers. Baby farms.

This is one at 1750 Northwest 18th Street. This home is owned by Miami Beach attorney, Theodore Trushin. In mid-October when WTVJ cameraman Jim Giritlian and I filmed this, Trushin had six girls living here without supervision.

He and other lawyers had 13 more pregnant girls living in other homes in the same North Dade area. Six girls lived in this house at 1081 Northwest 185th Drive under the supervision of a temporary housemother.

Five other girls lived in this home on 194th Street and Northwest Fifth Court. They were unsupervised, and in fact, one of the girls was having her second child. She had been here before.

Two more lived in this home at 18721 Northwest Eighth Court. This is the residence of Mrs. Kathy Flood, a woman who oversees Attorney Trushin's investments in the various baby farms—and she is paid extremely well for her time.

Tomorrow we will tell more about Mrs. Flood—we will tell how the homes operate, and how much money is made, and one girl will tell how she was lured into one of Attorney Trushin's baby farms.

Film No. 2. The baby farms which Attorney Theodore Trushin and other lawyers operate are simply warehouses where unfortunate girls wait to give birth. For that reason we have blocked out their faces. They had few options—one being to stay at home and face embarrassment.

While they are here, only their most basic needs are taken care of. They are not counseled about contraceptives, or womanhood. The psychological trauma of being pregnant, away from home and giving their child up is never treated.

One of the girls we spoke with clearly needed such help. She told us she does not read newspapers or listen to radio or television because she does not want to know the date her child is born. She was 14.

Of the 20 girls in North Dade homes in October, most were from north and central Florida. Nearly all had been referred to Miami after calling a pregnancy testing service advertised on the radio.

In one case, the Miami doctor who examined a 16-year-old named Ann sent her to Attorney Trushin who signed her up.

She later decided to keep her child. She told reporter Joan Hall of her experience with Trushin employee Kathy Flood. First person:

> I was supposed to have an abortion. I did not. That is when she told me about going to that house. I went to her at the beginning of June, and she showed me her house, and she told me how everything was. It sounded nice to me and my mother.
>
> When I got there, the thing was really different. You know, it seemed like they had so much fun when I was there, but it was not for me, anyhow.

Mr. FRANCIS. [Narration]:

> This is Kathy Flood, the woman Ann spoke of. She is the mother superior of the operation. The girls living at this home at 1750 NW 18th Street said they are not allowed to go anywhere without calling her for permission.
>
> Aside from weekly doctors visits, grocery shopping and doing the laundry, the girls seldom come out except for an occasional early evening walk.
>
> Nothing happens without Kathy Flood's consent—except, of course, the births—all here at Osteopathic General in North Miami Beach. For that, Attorney Trushin pays Mrs. Flood a bonus of $1,000 for each healthy child. This is in addition to her regular salary of $225 a week per girl for their living expenses. Mrs. Flood also has an arrangement with another attorney for a flat fee of over $3,000 per child born.
>
> On the basis of those figures supplied to WTVJ news by an extremely reliable source, we calculate that Mrs. Flood's income from these girls for the three months of October, November and December was in excess of $18,000.
>
> The girls receive nothing except a place to stay, medical expenses and a ticket home.
>
> That leaves the attorneys who are paid quite handsomely.

Tomorrow on Babies for Sale we will itemize the total cost of a new born child, which often runs into the five figure bracket.

Film No. 3. This is Brenda Holcum—she was the house mother at 1081 NW. 185 Drive. Her presence working with Kathy Flood, who supervises the baby farms, is evidence of how lucrative the baby business really is.

In fact, business was so good, Mrs. Flood set up a corporation titled South Florida Preparatory Care, Inc. Brenda Holcum was an employee of that corporation.

Brenda Holcum and Kathy Flood spent a great deal of their time at Osteopathic General Hospital in North Miami Beach with Dr. Donald Barkus. He is the chief of staff of the OB-GYN unit.

One pregnant girl told WTVJ news that she learned of the baby farm homes from Dr. Barkus; shown here. She said it was through Dr. Barkus—who told her she could not have an abortion—that she met Kathy Flood.

We have, however, found no evidence that Dr. Barkus is paid any more than his fee for pre- and post-natal care and the delivery of the children. His fee is approximately $600 per girl. A pediatrician receives a $100 fee for examining the new born child, and the hospital bill is usually $500 to $600.

So the total figure for medical totals $1,300—the other major expense is $1,200 to feed and house the pregnant girl for a maximum of 120 days before delivery—$2,500 is the total cost to the baby farm operation per girl.

The total price to new parents for a healthy white child is rarely under $8,000 and often $10,000 and above. The markup beyond the $2,500 for medical and maintance is called profit by prosecutors and reasonable attorney fees by the lawyers.

The legal work required according to a Florida Bar Association estimate of a few years ago is 4 hours work and one court appearance.

But most of the baby farm children go out of State, and in such cases there is no local court appearance, and in fact, Florida has no record of where the child goes.

The "Babies for Sale" are an export commodity to the New York area and the price fluctuates according to what the market will bear.

In one case involving Attorney Trushin WTVJ News learned he reportedly quoted a price of $15,000 to a couple from New England. They complained to authorities.

Tomorrow we will reveal an incredible foulup in the Florida law which makes it nearly impossible to prosecute lawyers who have babies for sale.

Film No. 4. When Miami Beach attorney Ted Trushin was arrested last week for baby selling and conspiracy to sell a child, his attorney Alan Weinstein said Mr. Trushin genuinely feels that he is providing a service to the community.

"Attorney ALAN WEINSTEIN. If these girls did not have an attorney to be able to help them in placing their children for adoption, you would have a great many late abortions, 6-month abortions, which are dangerous, and it is my personal feeling that Mr. Trushin has done nothing wrong, and in fact his services have rendered a service to the community in general by helping families that want children, and desire children, and cannot have children, obtain them in a fair and honorable, and certainly legal way."

But at what price? That is what Mr. Weinstein did not speak to.

Trushin found himself accused because he allegedly chose not to report the full price to the court. He reported an attorney's fee of $500 when in fact he received $3,500 more than that—in cash—in a white envelope—before he would release the child.

The irony of that is this—if Trushin would have listed the entire $4,000 as an attorney's fee, he probably could not have been criminally liable because of an incredible loophole in the Florida law dating back to 1963.

In 1963 the Florida legislation enacted a new adoption law dealing with fees—828.031. It endured for 3 years until the Florida Supreme Court threw out this section, which allowed for "reasonable" attorney's fees in connection with an adoption. The high court said it was too vague.

It was not until 7 years later, in 1973, that the legislature moved to correct its mistake by passing statute 63.212 of the new adoption law—but instead of closing the loophole, the legislature, in its wisdom or ignorance, perpetuated it by enacting the same exact law—word for word, that the Florida Supreme Court had struck down several years earlier.

The result of that oversight is that Florida seems to have no valid statute governing what lawyers can charge for their services in independent adoption matters. This makes it nearly impossible to prosecute an attorney if he has babies for sale with a $10,000 price tag, which he says is a legal fee.

Film No. 5. Christopher is adopted.

Five and one-half years ago his parents Rick and Carol Fendler of North Dade went through a private attorney to arrange for the independent adoption—the total cost was $1,100.

Last year Chris began asking when he was going to get a brother or sister, and the Fendlers tried again— they were referred to Miami Beach attorney Robert Burns—Mrs. Fendler said they spoke with an assistant of Burns, who in a matter of a few minutes shattered their hopes for a larger family.

Mrs. FENDLER. First he told us he really could not tell us how much it would cost until the baby was born because of the fact that there could be complications, so we asked him to just give us an idea. So he said, well if nothing went wrong, it would be a minimum fee of $7,500.

Mr. FRANCIS. That, including medical and maintenance?

Mrs. FENDLER. Yes, he said this would be the minimum fee if nothing went wrong. On the way down to the street, in the elevator, we just looked at one another, and we each knew what the other was thinking, and we both, you know, just said how can this possibly be, $7,500, what could possibly cost that much?

Mr. FRANCIS. After you got over the shock, what?

Mrs. FENDLER. After we got over the shock, we became very angry, because we felt like this was baby selling.

Robert Burns is the attorney Mrs. Fendler spoke of—he is the only attorney prominent in the independent adoption practice who consented to an interview.

In the next two nights Burns defends the high price of a baby, he tells why attorneys have baby farms—a term he detests, and he explains why he thinks the practice should be continued.

Film No. 6. Here in the office of State attorney Richard Gerstein, assistant prosecutors and investigators have found first hand the difficulties in filing charges against attorneys who sell babies.

Channel 4 News has worked parallel to Gerstein's office in the scrutiny of baby selling allegations, and as a result of work done by his investigators and Channel 4's probe, Gerstein will recommend changes in the weak State law to the Governor and the Dade County legislative delegation. He comments on the "Babies for Sale" series and the proposed changes.

Mr. GERSTEIN. I characterize what you have done as exposing a baby selling racket where lawyers and other people are acting as brokers and baby selling. They are not acting as lawyers. They are just brokers to sell babies.

Mr. FRANCIS. In light of that, what does this office recommend in changing the law?

Mr. GERSTEIN. I have a twofold suggestion. I think we need to do two things. I think that, first, we need to have a statute which prevents anyone, except an agency, from acting as an intermediary in connection with the adoption of the child. that, we will still have the problem of legal fees though for the actual filing of the lawsuit. And I think that only the court should be permitted to set the legal fee.

Acceptance of a fee, other than what the court sets as a reasonable fee, will constitute a crime. So that you could not have someone having court authorized fee of, say, $750, and then accepting $3,500, or $5,000 in cash, as a blackmarket type of payment.

Now, the real problem, and this may require Federal legislation, is that so frequent is the situation that as the parent comes in here from out of State, wanting to adopt a child, a couple comes in here wanting to adopt a child, they take the child back to their State, and the adoption is processed through their State.

While we have pretty good investigative facilities by our social agencies here, that does not necessarily take place in the other State, and where children are taken across State lines for the purpose of adoption, there is no jurisdiction to prosecute in Florida. And we may well need Federal legislation to cover those situations which would embody the same recommendations that are made with the Florida law.

This series on "Babies for Sale" will continue from time to time, for there are cases both in Gerstein's office and the files of WTVJ news currently under investigation.

[End of audiovisual presentation.]

Senator MONDALE. Our next panel of witnesses consists of Lynne McTaggart of the Chicago Tribune; Maury Levy of the Philadelphia Magazine; Bob McAuley of the Cleveland Plain Dealer and Fred Francis, WTVJ television in Miami.

Following the testimony of this panel, Mr. Burns will testify so this committee might hear the point of view of a lawyer who arranges independent adoptions.

Thank you very much for a most useful presentation.

I will ask Mr. Francis to begin, I understand you do not have a prepared statement.

STATEMENT OF FRED FRANCIS, WTVJ TELEVISION, MIAMI, FLA.; LYNNE McTAGGART, CHICAGO TRIBUNE-NEW YORK NEWS SYNDICATE, NEW YORK, N.Y.; MAURY Z. LEVY, PHILADELPHIA MAGAZINE, PHILADELPHIA, PA., AND BOB McAULEY, CLEVELAND PLAIN DEALER, CLEVELAND, OHIO, A PANEL

Mr. FRANCIS. As a result of that series, which was aired February 24, the State legislature has refiled a bill, and it has been moved out of committee, which would take private attorneys out of the practice of the independent adoptions. House bill 1232 will go to the floor of the Florida House next week. It does face very stiff opposition.

Just last week every member of the Florida House of Representatives and the Senate received a petition signed by 750 names, against the bill. The legislative staff of Representative Barry Kutun of Miami began backtracking on the names on the petition. Of every name called in the south Florida area, no one had recently signed that petition. One remembers signing a petition 3 years ago when a similar law was introduced in the legislature.

I tell you this because that was the best example I can give you of the fight this faces in Florida in getting the adoption laws in Florida straightened out.

Senator MONDALE. I notice your film did not show interviews of parents who had bought babies. Why is that?

Mr. FRANCIS. We began this investigation in June, and we did it very openly. We went around talking to people, knocking on doors, saying, We are with channel 4 news, and we are looking into adoption practices, and we found no one would talk to us with the exception of one attorney who is here today to testify, Mr. Burns.

The doctors, the lawyers, the prospective parents, the unwed mothers—no one would speak to us.

Only a very few would speak off the record, which of course would not do us any good. So we gave up the investigation for a couple of months until we could get something more concrete to go on.

Then when we learned of the existence of the baby firm, we moved ahead, but it is simply a matter that we are talking about desperate parents who are without children, and will literally pay any price to get a child, and anything that interferes with that, or the welfare of a prospective family, they are not interested in.

Senator MONDALE. What was the highest price you found paid for a child in the Miami area?

Mr. FRANCIS. $25,000.

Senator MONDALE. In your opinion does that price have any relationship to the baby seller's expenses or do you believe that a substantial portion of the price was a brokerage fee for selling the baby?

Mr. FRANCIS. Although we could not prove the allegation in court—and the allegation came up after the series, which is why we did not have it on the air—it seemed to us that almost all of it was profit.

The best example I can give you of that is the child who was born on August 7 in Key West, Fla. The parents from northern New Jersey came down to Key West and paid the remainder of their medical bill, the girl's medical bill, and the legal fee, and when they were going over the itemized list, according to the pediatrician who examined the child, they found rather exhorbitant amounts for medical services that were not rendered.

They were concerned because they thought perhaps the child was not a healthy white baby as the Miami attorney had promised, so they asked the pediatrician what were these expenses? He said, there was no such expenses. My fee is only $50.

Then the couple from New Jersey, a rabbi and his wife, realized that they were being taken, but they did not care because they wanted a child, and they are the ones who paid the $25,000.

Senator MONDALE. According to your investigation, what is the average fee prospective parents are charged?

Mr. FRANCIS. To Miami attorneys, $8,000 to $10,000, in that range.

That does not account for what a family in New Rochelle may pay a New York attorney to get in touch with the Miami attorney.

I am sure that at the time $25,000 paid for the baby in Key West in August did not all go to the Miami attorney. I am sure a good percentage of it went to an attorney in New York or New Jersey.

Senator MONDALE. You interviewed many of the expectant mothers. Do you believe these young women could protect themselves? Did they know their legal rights, or did they seem vulnerable, easily subject to intimidation or inducement?

Mr. FRANCIS. Senator, the best example I can give you is they are 14 to 15, scared. They had no place to go.

A large majority of the girls I talked with—some 20 were from northern and central Florida from small towns—Zephyrhills is one. They could not stay in their home towns and have the child without facing severe criticism. The abortion referral agency which sent them to Miami was a Godsend. They were never counseled.

Senator MONDALE. In your investigation of those placing the babies, did you determine what criteria they used to evaluate and choose prospective parents?

Mr. FRANCIS. Of the attorneys that I interviewed, almost everyone used the Florida form which the Division of Family Services used for the prospective parents to fill out. Other than what is put on that sheet of paper, most of it is just a gut reaction, being the attorney likes them or does not like them, and 90 percent of it in the cases that I went to was simply who had the biggest amount of money.

I found instances where an attorney would play off one set of parents against another, starting at $6,000, $8,000 and $10,000.

Senator MONDALE. What they call "low-balling" in the used car business.

Mr. FRANCIS. They are really good at it, sir.

Senator MONDALE. Would you agree, then, with the earlier witness, who claimed the chief motivation of babyselling is profit, and not the welfare of the child?

Mr. FRANCIS. With most of the attorneys involved. I found several who were quite ethical, who did not charge high fees. I found at least one who charges a very high fee but is quite ethical. Everything is laid out on the table, and he will be testifying later.

Senator MONDALE. Senator Stafford.

Senator STAFFORD. Mr. Francis, since this subject came up with the earlier witnesses, could you give us some indication, based on your investigation in Florida, and Miami in particular, about the percentage of attorneys who might be involved in the black market?

Mr. FRANCIS. There are approximately a dozen in Miami who practice.

Senator STAFFORD. Would that be a small percent of the total number of attorneys there?

Mr. FRANCIS. But I want to point out these attorneys are very well known all over the country. It is an incredible network, how they know about them in Los Angeles and New York.

I know of 12—there could be more—but there are 12 who are quite busy at it.

Senator STAFFORD. Thank you very much.

Senator **Mondale**. Are there any further questions for Mr. Francis? Senator Randolph.

Senator **Randolph**. Mr. Francis, I did not have the opportunity of hearing the testimony of you and the other witnesses, but since you are directing your comment, and I am sure the concern of all the panel, to this problem of baby selling. I think we need to define the difference between the gray market and the black market because here we center on the fees that apparently are charged.

I know that there are those on the committee who will be able to help perhaps better than I to come to a focus on the matter of legal fees and the ethics of the charging of certain amounts.

I would like to know if you could help us and others. Is the amount of legal work involved in the average adoption case sufficient to justify the charge of $1,000 or more a pound? That is what it is for a new baby.

Mr. **Francis**. Sir, it takes about 4 to 8 hours of paperwork, according to our sources, for the in-State adoption. Of the adoptions of the 20 young mothers that I filmed in October, November, 18 children out of 20 were going out of State. In that instance almost no legal work is required. As a matter of fact, as I said, Florida has no idea, because no papers are filed in the State of Florida.

Senator **Laxalt**. This presupposes that the punitive father is not involved.

Mr. **Francis**. I have not run across one instance.

Senator **Randolph**. Mr. Chairman, I want to continue by making a flat statement, one which is perhaps blunt and one which the committee may not be in agreement with, but I think this type of charge that you have indicated, and others of course have knowledge of it, is not only excessive and exhorbitant, but it is unconscionable.

Do you agree?

Mr. **Francis**. I would liken it to slavery, passing human beings across State lines for exhorbitant amounts of money. I see no difference in whether it be a white prostitute or a white baby. It is selling an emotional need, and that is why we spend so much time and money giving this series.

I see no useful purpose in it.

Senator **Randolph**. Mr. Chairman, if I may be permitted—and I will quickly give an opportunity to others—I think supplementing what you have said, the actions along the broad front, I think they are immoral if not illegal. And that in varying degrees, for individuals to profit from the desire in one way or another to be a parent of a baby by selling a baby directing program, is an inhuman practice.

Of course I am sure most of us here on the subcommittee are fathers. I am a father and a grandfather, and I think we have an emotional feeling—people generally—about this subject because I have expressed just in a cold and calculating way why we ought to be against this selling of human beings.

You have called it slavery, and perhaps that is a good term. But we do know, and I read the Washington Post story yesterday, that there is a very substantial demand for what we call healthy babies.

I have been reading, Mr. Chairman, of the problems that we will have with the small children that are coming in from Vietnam who have hepatitis and other diseases which are perhaps going to cause great trouble.

Senator **Mondale**. Since some of the natural parents are still in Vietnam.

Senator **Randolph**. That is true.

I note the Post in its story that especially white babies were in demand, and also the response from parents that you spoke of, and others have spoken of, in reference to providing parental love for those children and babies who seem very much to need it.

Thank you very much.

Senator **Mondale**. Senator Taft.

Senator **Taft**. Mr. Francis, I was not here perhaps in the earliest part of your testimony, but have you covered the situation with regard to the availability of the adoption service to licensed agencies in the Miami area?

Mr. **Francis**. Yes, sir. I did not go into it specifically. We deleted that one report.

In Miami, and in south Florida, as well as elsewhere in the country, there are very few adoptable white babies, and one of the reasons that we found in our investigation—and the other journalists on the panel I am sure will back it up—was very simply that the private attorneys who do abortion referrals are getting most of the white children.

The abortion referral groups in northern and central Florida are certainly not going to Catholic charities and the Children's Home Society when they have a young girl who cannot have an abortion. Most of them are in the business to make money.

Senator **Taft**. But there are such licensed agencies available?

Mr. **Francis**. Absolutely. They just do not have the children.

Senator **Taft**. Let me go back to one other thing. You have been talking about legal services here. Legal services, as I understand them, in adoption really relate solely to filing papers for the adoption and review by the court of the adoption petition.

All of that takes place, in many instances, long after the placement has been made.

Is that not correct?

Mr. **Francis**. In this particular thing, it is after the fact in out-of-State adoptions.

Senator **Taft**. So, certainly, legal services are actually the services that are carried out perfecting the adoption, having nothing to do with the placement at all?

Mr. **Francis**. Yes.

Senator **Taft**. Yet, payments are being made in relation to the placement?

Mr. **Francis**. The attorneys do keep a trust fund where everything they pay out to the girl in the way of maintenance and medical is cataloged in their office in a fund. There is some paper work.

Senator **Taft**. Let me ask you one other question here.

Who is the client in this situation for the attorney who acts in this case?

Mr. **Francis**. Who is the client, sir?

Senator **Taft**. Who is the client.

Is it the mother of the girl, or is it the child, or is it the adopting parent?

Mr. **Francis**. They are all clients.

Senator **Taft**. They are all being represented by the same attorney?

Mr. **Francis**. That is right.

In most cases—and this is what Richard Gerstein's office is looking into—we pointed out to him there are some attorneys who are appointed legal guardians of 14- and 15-year-olds, and these very same attorneys are accepting a $2,500 check as a deposit from someone in New York or New Jersey.

Senator TAFT. So there may well be many violations of legal ethics involved in conflicting reputation of this sort?

Senator MONDALE. I think that is an excellent question.

Senator TAFT. I am quite familiar with this subject. I have written an article on it.

To me, the most important person in this situation must be the child itself. It is the best interest of the child that has to be the dominating consideration, and the minute that you get away from that, I think you run into difficulty.

Senator RANDOLPH. Senator, you do not want to trade babies as if you were trading livestock.

Senator TAFT. Indeed, you are right.

Senator MONDALE. Let us include that article in the testimony.

Senator TAFT. It is rather out of date.

Senator MONDALE. Senator Laxalt.

Senator LAXALT. Mr. Francis, in connection with the deliberations of the Florida Legislature, has it occurred to any of the committees that they simply schedule this fee?

Mr. FRANCIS. Yes.

There is another bill that is being filed, a counterbill, to House 1232, that sets a schedule, that says a private attorney should not be taken out of the business.

We countered that in a WTVJ news editorial, "How can you legislate what goes on under the table?"

You must understand if the father and his wife from New Jersey will pay $25,000 for a child, they are going to pay under the table, over the table, any way they can pay it.

Senator LAXALT. Are there any criminal penalties?

Mr. FRANCIS. Senator, the Florida law is in such a shambles that the one attorney who has been charged with baby selling stands a very good chance of having the charges dropped because the second part of the statute may be declared unconstitutional.

If that happens, Florida will have no law whatsoever on baby selling.

Senator LAXALT. The present law, you indicated, has gone to the court and apparently came back with similar language by the legislature.

Did that deal only with the fees in relation to the adoption itself?

Mr. FRANCIS. Yes.

It was section A of the law which dealt with maintenance costs and attorney fees.

Section B of the law dealt with actual baby selling.

Section A was struck down by the Supreme Court.

Section B is before the Supreme Court right now.

Senator MONDALE. Senator Stafford.

Senator STAFFORD. You have the services rendered in connection with the adoption itself and then whatever services are rendered in connection with the placement in those cases?

Mr. FRANCIS. Yes, sir.

Senator STAFFORD. Did you pursue at all in the eventual adopting State what the practice was there, for example, in this New Jersey case?

Mr. FRANCIS. I was very limited since we are a small station in Miami to pursue it, and I will just tell you that another major news media is pursuing that particular case and will make public information on it.

Senator MONDALE. Senator Randolph.

Senator RANDOLPH. Would you say, Mr. Francis, that it is clear, at least to some of us, there is the opportunity for a nationwide system of merchandising adoptive babies actually in existence?

Mr. FRANCIS. It is very loose, but it is in existence.

The lawyers in New York, and I know there are law firms in New York working with law firms in Miami, but it is nothing organized, with the exception of abortion agencies, and one journalist has quite a bit on that.

Senator RANDOLPH. I know in our home State of West Virginia, the law permits open adoption by a contractual agreement between the mother and the prospective parents, and the mother can sign an agreement giving up legal responsibility for the baby.

Part of the agreement usually is the payment for the hospital and medical care.

Our West Virginia Department of Welfare, however, says a problem exists under State law. This baby must be in a home 6 months before the adoption becomes effective.

Would you comment on that 6 months of abeyance?

Mr. FRANCIS. Everything is after the fact.

Senator RANDOLPH. Are you saying that this child must be in the home for 6 months?

Mr. FRANCIS. Everything is after the fact. Who is going to take a home away from a mother and father who have had the baby for 6 months?

Senator RANDOLPH. What you are really saying, in other words, is that the baby's rights and the legal responsibilities of both the natural mother and the adoptive parents are just left in a legal limbo.

Would that be correct?

Mr. FRANCIS. I would agree with that.

Senator RANDOLPH. We have the welfare department, division of social services, reporting that there are apparently no organized baby market activities, Mr. Chairman, in our State.

There is, in many cases, a close relationship between some hospital personnel and lawyers who handle adoptions. I think that perhaps is general throughout the State.

Senator MONDALE. Thank you very much.

Now, I would suggest that we hear from the following witnesses without questions, and then when the panel has completed, we will question them.

I would ask the staff to include in the record as part of their testimony the articles that have appeared.

[The articles referred to follow:]

NOTE: Pages 48 through 90 of this document contain copyrighted reprints are are not available for ERIC reproducation. These articles are:

"Leechy Lawyers in Jersey Selling Infants for 10G," by Philip Wechsler. New York Daily News, Feb. 24, 1975.

"The Baby Brokers", Cleveland Plain Dealer. Articles appearing in paper on Mar. 16, 17, 18, 19, 20, 21, 22, 1975.

"How I Sold and Almost Bought--a Baby," by Lynne McToggart. New York News Magazine, April 13, 1975.

"The Baby Peddlers," by Maury Levy(reprinted from a Philadelphia publication, unknown)

Senator Mondale. Ms. McTaggart.

Ms. McTaggart. Senator Mondale, I am going to try not to overlap in any way, but I'd like to start out with how widespread the practice is.

If you read my story, I posed as an unwed mother about to give up her baby. I went through most of the process—obviously not all—and later acted the part of an adoptive parent with my colleague, Bernard Gavzer, of NBC in New York.

The first thing we found out is that this system of baby trafficking is not just national; it is global. Stanley Michelman, one of the attorneys to whom I went as an unwed mother seeking to give up her baby, has a very active finder's service going to West Germany, and it is very ingenious because it gets around the Government ban on foreign adoption by non-Germans.

What Michelman does is to import the mother, rather than the baby, in her 8th or 9th month. The baby is born on U.S. soil and is therefore an American citizen.

Michelman has a very intricate, very complicated business in the United States and Germany, and he is trying to expand it into France, South and Central America and Mexico.

The other attorney with whom Bernie and I dealt was Joseph Spencer of Queens, who receives babies from at least two attorneys that I know of, Richard Goodner of Dallas and Theodore Trushin of Miami, who appeared on Fred Francis' television report. I have to tell you something funny to explain how we found out that Trushin and Spencer work together.

Bernie went down to Miami Beach to see Trushin as a prospective adoptive parent. Bernie said he had a 24-year-old wife—and that he was 54. Obviously we would not pass too many agency standards. Everything is wrong with us. We're an instant reject.

Trushin told Bernie he could give us a baby immediately since one—a baby boy—was born several days before.

Bernie had only been in Trushin's office 10 minutes. He filled out no application. Trushin only knew that Bernie was a big-time producer from New York with investments in Broadway plays and land in South America.

Nevertheless, on the basis of that information, Trushin was willing to give us a baby—for $10,000: $1,500 down and $8,500 upon receipt.

All of a sudden Trushin received a phone call from New York—from Joseph Spencer, who wanted that particular baby boy for some clients of his. Trushin told Spencer that he had promised the baby to a client who was sitting in his office. So, ironically we probably cost Spencer some money.

So we made one connection between Florida and New York. We also made a connection between New York and Dallas. Joseph Spencer was going to get a baby for Bernie and me from Richard Goodner, an attorney in Dallas. Spencer would have performed the adoption, and Goodner would have received a fee of between $3,000–$6,000 simply for making contact with the woman and doing minimal legal paperwork.

As far as what has been referred to in this hearing as fees: I would like to stress that the fee to the attorney is included in, not equal to, the total cost of the adoption. And although these fees are sometimes unscrupulously high, the more questionable or unethical procedures have to do with other variables in the cost of the adoption: direct payment to the mother, finder's fees, hyped up medical costs, payment to nonexistent finders, referral services.

In other words, to determine the legality or illegality of any particular attorney's business, you've got to examine what his clients' money is going toward.

I would say that any attorney in this business can make a strong case for his fee of $3,000 or $4,000 or $5,000 being a reasonable or legitimate payment for services rendered.

One attorney in New York says that if you are the best in the adoption business, you can command the highest fee.

So I think we have to address ourselves to what the individual expenditures are comprising the total cost of the adoption.

A large percentage of the money the adoptive parents pay for a baby goes to the mother. In some cases, an unwed mother will receive in excess of $3,000 for expenses. We estimated that my expenses as an unwed mother would have totalled $4,160—and that is if I were being relatively frugal. If I were not frugal I imagine I could have pushed that figure up to $6,000.

Senator LAXALT. Is that a direct adoption fee or does that cover the entire costs of hospitalization and so forth?

Ms. McTAGGART. It is not a direct fee; it is for maintenance, hospitalization, doctor visits. The attorney, and ultimately, the adoptive parents, cover all expenses related to pregnancy—which is legal in New York. But in some cases, including my own, the natural mother will receive money—direct payment—above and beyond that supposed to cover such expenses. As an unwed mother, I played the role of a college student. Stanley Michelman paid me for rent—$200 a month, I said—but he also paid me money for tuition expenses, which, several authorities have said, is not an expense related to pregnancy. In fact, Michelman himself asked his accountant to mark the check covering such tuition payments as living expenses for January.

When I went to adoption agencies, they said I could not qualify for welfare since I was not indigent. I had an apartment that cost too much, I was a drama student, I was an upper middle-class girl who had gotten knocked up in New York. So what happened is, when this attorney, Stanley Michelman, first contacted me—I called Abortion and Adoption Assistance Inc., mentioned in Mr. MacAuley's testimony, and my number and name were given to Michelman, who called me—he said all of my expenses would be taken care of and not to worry about it.

Along with the money he gave me, he promised me money for clothing, drugs, hospital expenses, pocket money. He even gave me a job. When we totalled it up, using conservative estimates on clothing expenses and some of the other costs, we figured that I would have cost the parents of my baby over $4,000 for my expenses alone.

So the cost of the mother's expenses varies, according to what the attorney defines as expenses related to pregnancy and how liberal he is with his clients' pocketbooks.

When we went to Joseph Spencer as adoptive parents, we were told that the mother-to-be whose baby we pretended to want had very high expenses that had run to almost $6,000. The reason was, the Dallas attorney, Goodner, told us, that this pregnant woman had an $800 dental bill—she had molars that had to come out.

Bernie and I had a hard time figuring out how this dental bill was an expense related to pregnancy; nevertheless, it was to be included in the cost of the adoption.

This woman also asked the attorney for $500 to $1,000 for clothing after the adoption was consummated. Goodner told her he didn't think he "had it," but indicated to me that he might try to give her the money and tack it onto the cost of the adoption.

Authorities, including New York State Senator Joseph Pisani, have told us that a mother who receives money for expenses not related to pregnancy is blatantly selling her baby.

This Dallas woman had apparently lived alone, she had been taken care of, she had a private doctor who had seen her every week, and the was visited by Goodner weekly. These were other reasons, he indicated, that her expenses had run a little higher than usual.

She was not what we would consider an average case. What I am trying to say is that expenses can vary for the mother, and the law in New York is very loose about it now.

The other reason why the total cost of the adoption can run very high is the finder's fee. We have heard from different witnesses as to why networks of finders who traffick babies proliferate. I would like to suggest that another reason is private placement involves a high risk—financial risk—if performed legitimately. A set of parents can pay all of the natural mother's living expenses, but if something is wrong with the child at birth or the natural mother decides to keep it, the parents will still be stuck with all of the bills, including that of the hospital. And there is no contract they can legally enter into with the mother prior to the baby's birth. Now, if the mother decides to keep the child, postbirth, the parents can take her to court to try to recoup the money they've paid for her expenses, but if she's indigent, all they'll get is a ruling.

So this attorney in Dallas, Richard Goodner, has eliminated no-fault adoption. He promises to put up the medical expenses, the mother's expenses—maintenance and doctor—so if the baby is stillborn or the mother aborts, the attorney pays for her expenses and offers the prospective parents another child. In other words, Goodner's got all the risk; adoptive parents don't pay a dime until they have an adoptable child.

He therefore avoids the risk that is involved in a great deal of placement and therefore assures himself of more clients.

The last thing that I would like to talk about is the discussion I had with Senator Joseph Pisani in the New York Senate. He believes that another reason why private placement proliferates, besides the shortage and everything else we have discussed, is that the law is so ridiculously unclear.

The law in New York says that a mother technically chooses the adopted parents. The problem here is that (1) how does a mother go about finding adoptive parents? And (2) is she supposed to make all the arrangements, monetary and otherwise, with the adoptive parents?

We can all see she is in an untenable situation. It is an emotional situation for both parties, and I could not imagine making all these arrangements, even when I was playing the role, myself.

The other problem is that it is very unclear as to what constitutes expenses related to pregnancy.

The third thing—Senator Pisani has written me a letter on this subject, one paragraph of which I would like to read—the law is not uniform throughout the Nation, and the problem is, as we have been saying, it is a nationwide system of trafficking. It is a very intricate and sophishticated system.

If the law is going to be loose in one State and tight in another State, legal in one State and illegal in another State, it is going to be difficult to enforce.

I would like to read this short paragraph from Senator Pisani's letter:

> I am informed that you will be testifying on this subject—private placement baby buying and selling—before Senator Mondale's subcommittee, and I would suggest that you call to his attention the great need for Federal controls on the placement of children with respect to interstate and international trafficking in infants.
>
> Although we, in New York, are vigorously seeking to develop controls and safeguards in the adoption process, we labor under a greater handicap in that we may lack full jurisdictional authority on a national and international basis.
>
> Accordingly, it would seem that the efforts of New York and other States are likely to be ineffective unless controls can be extended beyond the borders of the State.
>
> I would urge that Senator Mondale's subcommittee carefully scrutinize the financial activities of child placement transactions with a view toward possible regulation of appropriate "placement" fees which are often levied in the name of professional services of lawyers, physicians and other professionals involved in the placement process.

Senator MONDALE. May we have that letter for the record?

Ms. MCTAGGERT. Yes, sir.

Senator MONDALE. Thank you very much.

[The information referred to follows:]

Written Testimony on Private Placement Adoption
Prepared for the Senate Subcommittee on Children and Youth

by Lynne McTaggart
New York News

I conducted a six-month investigation into private placement adoption (September 1974 through March 1975) by posing as an unwed mother-to-be anxious to give up her baby and one-half of a prospective adoptive couple. My intention in alternately playing these roles was to find out how private placement works and if it has indeed transformed into the business of peddling flesh.

It was not my intention to argue for the elimination of private placement adoption. Many New York specialists in adoption believe that private adoption is a legitimate alternative to agency adoption--when performed legally--and, according to the 1974 Judicial Conference Annual Reports, of 3,893 non-relative adoptions finalized in New York in 1974, 937, or nearly 1/3, were performed privately. Most adoptive parents with whom I had contact finally chose private placement because they had been to--and been discouraged by--agencies and what they considered embarrassing, grueling interviews and outdated, impossible standards as to whether they were "fit" to adopt a child. The logical extension of the standards that still prevail in New York agencies--to match natural and adoptive parents as closely as possible--is to place a child with a set of parents who do not want him.

In my role as unwed mother, I found that none of eight agencies in New York City could provide adequate accommodations for a woman of my age and alleged situation. My rentwas too high for me to qualify for welfare, they said; I would have to quit my "classes" (I said I was a student) and go to work; I would be forced to go to a clinic for medical care. One social worker even argued that abortion seemed the easiest way out for me, even though I had said that I couldn't handle an abortion psychologically. If I had actually been in this predicament, I would have chosen private placement without any hesitation.

My research on private adoption is detailed in the attached article, which appeared in the Sunday New York News Magazine on April 13, 1975.

Senator **Mondale**. Mr. McAuley.

Mr. **McAuley**. Mr. Chairman, Senators, I am honored that you have invited me here today to testify before the Subcommittee on Children and Youth.

The Cleveland Plain Dealer last month published a week-long series on baby-brokers following a 1-month investigation into baby selling. I was one of four reporters who worked as a team to produce the series.

What the investigation found was a national network, with Cleveland as one of the hubs, in which babies were channeled into the hands of couples willing to pay as much as $25,000 to adopt them.

The transactions were handled by lawyers who wheel and deal with unwed mothers and the adoptive couples in order to bring about an adoption.

Lawyers told Plain Dealer reporters that fees to arrange adoptions can be as high as $13,000.

Initially, the investigation found that a New York City lawyer, Stanley B. Michelman, had contacted Cleveland area women and had offered to pay their living and medical expenses in return for the right to handle the adoption of their expected children.

The question was: Just how could a New York City lawyer learn of a Cleveland woman's pregnancy when the woman herself was attempting to keep the pregnancy from her closest friends and her family?

The answer turned out to be a loose-knit referral system which operated from abortion advisory services. The investigation found six interstate abortion advisory services which were referring pregnant women to lawyers in New York or Pennsylvania. The advisory services had toll-free phone listings in at least 61 cities across the Nation.

Reporters found that Mr. Michelman had reached pregnant women in Cleveland through the abortion information centers operated by Mrs. Angela Zajachuk.

One of the advisory services, called Abortion Information Division, had telephone listings in at least nine cities in seven States. The other, Abortion Information Service, had telephone listings in at least 16 cities in 10 States.

Mr. Michelman, in an interview, denied any direct link with Mrs. Zajachuk. However, he did admit having contact with three abortion advisory services. It was found that Mrs. Zajachuk had referred pregnant women to a New York woman who operated an abortion advisory service called. Abortion and Adoption Assistance, Inc., in Roslyn Heights, N.Y. The New York woman, in turn, put the pregnant woman in touch with Mr. Michelman.

Mr. Michelman, in an interview, admitted making approximately $90,000 a year handling adoptions. In another interview, a reporter, posing as a prospective adoptive parent was told by Mr. Michelman that a baby could be obtained in as little as 30 days. He told the reporter costs would not exceed $10,000.

Another New York City lawyer, Joseph Spencer, told a reporter posing as a prospective adoptive parent that he too could provide a child within 30 days. Mr. Spencer pointed out that the cost of the adoption varied according to the type of child desired.

"It can be as little as $2.500 if you want a Korean child, to a lot more," he said. "Now, for instance, for a white Caucasian child at birth, most of the lawyers quote substantial amounts, but even there it doesn't run much beyond $13,000. Believe it or not," he said, "I have biographies of mothers who are going to give birth this month—March 1975. And I have biographies for April and May . . ."

Mr. Spencer said that if a biography was chosen, and if a baby was still available—he mentioned that he would have to contact the attorney who sent him the biography—then he would process the adoption.

The Plain Dealer investigation found since that a Florida lawyer, Robert H. Burns, has arranged for the infant son of a Virginia woman to be adopted by a Cleveland couple at a cost of more than $9,000.

Documents obtained by the newspaper showed the couple, a Cleveland doctor and his wife, paid Mr. Burns $4,779.93 as his legal fee. A Cleveland lawyer was paid $400 to handle paperwork once the child arrived in Cleveland.

The Virginia woman told The Plain Dealer she had heard of Mr. Burns from a friend 4 years ago. That was when Mr. Burns handled the adoption of the woman's first illegitimate child. The woman said she shared lodging with six other pregnant girls in a house outside of Miami. The house, she said, was rented by Burns and was used as a dormitory for unwed mothers who agreed to let Burns handle their children's adoptions.

Documents showed that among the expenses paid by the Cleveland couple for the Virginia woman were: Rent and food, $1,519; hospitals, drugs, and doctors, $1,350; household goods and clothing, $545; transportation to and away from Miami, $170; utilities, $68; and a plumbing repair bill for $41.

The Virginia woman said she went to Mr. Burns because he had taken good care of her previously. She said she did not want to go through a social agency and claimed she received no personal funds for giving up her child.

The adoptive mother related that Mr. Burns had saved her from having a mental breakdown. She said she turned to Mr. Burns after an unsuccessful 2-year crusade to adopt a child. She was asked if she thought she had bought her child from Mr. Burns. She replies:

> No, not at all. How I feel—he saved me. When a woman gets to the point that she just becomes obsessed with having a child, she would do anything * * * if it wasn't for this attorney, I would probably be in the hospital with a mental disorder.

The doctor's wife said she believed she got a good deal by paying only $9,000. "* * * as I understand it," she said, "this is quite cheap. I have heard of adoptions going as high as $40,000 in New York. And I know a lot of them range as much as $25,000," she said.

In one instance, the Plain Dealer found that a Cleveland woman was forced to give up her baby even though she had changed her mind about the adoption and desperately wanted to keep her child.

The woman said she had been flown to New York by an attorney during the last months of her pregnancy. After she gave birth to and had held her daughter, the woman said she changed her mind. She said that when the attorney heard of her decision he came to the hospital and threatened her with a lawsuit. The woman said she was frightened, alone, and without money and for those reasons gave in to the attorney. She is currently trying to regain her daughter through the Legal Aid Society.

Mr. Chairman and members of this subcommittee, though I do not consider myself an expert on adoptions and the baby-selling business I hope this information has been helpful in your investigation.

Senator MONDALE. Thank you very much for a very valuable statement, Mr. Levy.

Mr. LEVY. Senator Randolph used the expression $1,000 a pound. That unfortunately is true and certainly in the Philadelphia area more mothers will be giving birth to 20-pound babies. [Laughter.]

Senator MONDALE. It is inflation.

Mr. LEVY. It is inflation.

The point of that is what happens and what is going down along the line to bring that price up.

Among the other things in our investigations we got into a very wide area of what basically amounted to bidding wars.

We had someone who worked at the magazine doing some volunteer work on pregnancy testing at a counseling clinic. There were a lot of people who would hang around that clinic on pregnancy testing nights when young girls would come in, found out they were pregnant, or when they came in for more counseling, trying to make a decision as to what they should do, whether they should carry the baby to term or seek a legal abortion through this organization.

They would meet people outside. People would approach them and offer them money. The going figures we got were $10,000 offered to girls who were coming out there.

Now, if they were offered $10,000 you can extrapolate and assume, adding the profits we have heard of before what the final figures will be by the time that baby would get into the homes of adoptive parents.

Senator RANDOLPH. Excuse me. Were you able to document that figure of $10,000?

Mr. LEVY. We spoke to one girl who definitely gave us a figure of $10,000. She was quoted that by a lawyer.

Also there were two ways of doing this. I believe this might have come up earlier. The fact that people inside these clinics themselves—and this is not to knock the clincs because we are talking about a small percentage—become inside sources, and again the old money thing comes in there, and the lawyer comes in and says, "Can you get me a list"?

The list amounts to a list of names and phone numbers of people they have been counseling.

We also spoke to people who were not contacted outside the offices. That would be a very, very simple thing to do as they came out. These people were called at home. There was no way a lawyer could get their number unless someone on the inside said, "Hey, thanks for the money, and here is the number."

That is one part of the bidding war. We have also spoken to other people, doctors and lawyers. To cite one example of a case that seems somewhat typical in this bidding war kind of thing, a doctor we know, a very reputable doctor, was doing some referral work on his own, and again the more you talk to these people, they say the same thing, both the doctors and the lawyers.

They say every time they go through this procedure it is pure hell, and they tell themselves they do not want to do it again, and then someone calls up, a patient they have had for years with someone in a dire need, and they happen to know of somebody, and they have to do it.

Just something inside of them says, "OK, I will try it one more time and hope that it works."

We spoke to one doctor. Someone had come to him, a patient of his. She was unmarried, pregnant. She decided she wanted to carry the baby through to term but only if she could find a proper home for the baby. The doctor agreed. He said everything would be taken care of, that she would be given no money but the best care would be given to her, and that would be paid for by the adoptive parents who he in fact screened in the area.

We get into the whole area of whether doctors should be involved in the screening process of parents.

This girl agreed to go ahead with this whole thing. She came to term somewhere around summer a year ago, and the doctor who had already set up this whole procedure, had gotten the parents; the parents had bought the furniture, had a room all ready and so forth.

The girl delivered, the doctor was not in on the delivery, he was somewhere else; someone else delivered for him. A day later he received a call from the hospital saying I think you had better come down here, there is somewhat of a problem.

He went down to the hospital, he asked the girl what the problem was, and she told him she had decided not to put the baby up for adoption.

He said, what are you going to do with it? You were going to put the baby up for adoption, we got a family for it.

She said, well, that is not quite true. I am going to put it up for adoption, but not with you.

Exactly what happened, after investigation by this doctor and some independent investigation of our own, was that a lawyer had come in and said to this girl, hey, why do this for nothing?

Again the figure was approximately $10,000. Here is $10,000. Why not make a profit out of this?

The practice the doctor found despicable, the practice I find despicable, but it is a practice that is on-going. It is a terrible kind of thing.

Just quickly again in the bidding war, the kind of thing that brings it out, a standard practice certainly around Philadelphia—and I would assume from what we know around the Nation—someone contacts through whatever sources a lawyer, and is interested in adopting a baby, and perhaps he is quoted a figure of $5,000, a figure that is marginally questionable, considering I think the agreed standard rate for what everything should cost is somewhere around $1,200, or somewhere between $1,000 and $1,500.

This family is told, you can have this baby. It will be due in August. The price is $5,000.

As things get toward the end of the term, all of a sudden there is a call from a lawyer, the same lawyer, saying, well, there seems to be a minor problem. I just got a call from a couple who are really desperate for a baby, and they are nice folks, but the procedure is something like the selling of aluminum storm screen windows, or something. It is a whole hustle sales approach, which is again despicable. But anyway, he would get a call from someone else, or would say he got a call—of course, we had no way of knowing whether in fact he got the call.

He would say, you know, I quoted you a figure of $5,000. These people are really hot to get a child. They have offered me $8,000.

Really, I think I am going to have to give it to them. I know that I spoke to you first, and I owe some allegiance to you, so we will give you a day or two to think that over, and if you can come up with a better bid, perhaps you can have the baby.

This is what happens. We spoke of parents who go scrambling around selling everything they have, putting themselves in hock, just to come up with the money. Once they have committed themselves, and gone along the way, do you stop and say, well, getting a baby is only worth $8,000, or we are not buying cars, which is seemingly the way the practice has gone.

One other thing, someone mentioned along the way that this practice in terms of how widespread it is perhaps involved maybe 1 percent of the lawyers handling adoptions. I would argue with that.

Certainly again in the Philadelphia area we spoke to a lot of people. We have the names of lawyers who are involved in these practices, and certainly it is a lot more than 1 percent, unfortunately.

In fact, one of the lawyers we spoke to, one of the lawyers quoted in our stories, asked us to please not use his name, not because of what he had said—we put it all on tape, and so forth, with his permission—but because he knew how widespread the practice was, and did not want to be referred to in this story as one of the few honest lawyers around, because he was not in fact doing that as his full-time practice, and was afraid he would be unable to handle the flood of business when others found out he was an honest lawyer, which is another sad comment.

I do not know how the bidding thing can be regulated. There was talk here before of what can be done on a Federal level, and from the Federal level I do not know exactly what can be done, because almost all of these things are blown through the courts very quickly on a local level.

All you have to do is make a statement, very simple statement, saying how much you paid to an intermediary when you go to finalize the adoption procedure. Of course, anybody paying $10,000, $15,000, or $20,000 is not going to say that. The judge does not question the $2,000 figure, or $1,000 figure, which is in fact what is put down on these forms.

Therefore you have lawyers committing perjury, you have adoptive parents committing perjury, and that is where really the crux of a lot of the problem is.

The fact that these parents are forced by the lawyer and by the system to commit perjury in finalizing their adoption procedure makes them very hesitant—and I believe members of your staff have found this out—to come forward and say, I was involved in one of these things, because someone can quickly turn around and say, wait a minute, if you were involved, and you in fact paid this $15,000 or $20,000 figure, then you have perjured yourself when you said you only paid $2,000.

It is an understandable response, I think, on the part of the parents to be worried about this. If they say they are perjuring themselves, they might in fact lose their child, I guess, as the bottom line.

Without going further with things that have already been said, I will stop there.

Senator **Mondale**. Senator Randolph.

Senator **Randolph**. Mr. Levy, you spoke of one or more attorneys, indicating that it might be a widespread practice in Philadelphia.

Mr. **Levy**. Right.

Senator **Randolph**. Has the Philadelphia Bar Association gone into the matter? Has the Philadelphia Medical Association?

Mr. **Levy**. Both the Philadelphia Bar Association and the County Medical Society say they are "looking into it," and have been, and the problem is that, the last thing I stated, they keep saying the same thing: We are not an investigative agency, and unless someone will step forward and say this is what happened, I paid $15,000 to this man, and I paid it in cash—which is the way these things are usually done, or else there would be evidence of such around—nobody is going to do anything.

We spoke to the head of the Bar Association. This has been going on for years. No one is stepping forward in the medical profession. The district attorney's office in Philadelphia has been given a file by one of the local television stations of attorneys we knew who were involved in this practice, and they are not doing anything about it, because they say they cannot proceed without specific details of the case.

Until parents can step forward, or are willing to step forward with specific details, nobody is going to go anywhere with this.

Senator **Randolph**. Mr. Chairman, you may have knowledge of this question. Has the American Bar Association, or the American Medical Association done anything on this problem? Do you have any information, you or Senator Taft?

Senator **Mondale**. I understand from Mr. Reid, who testified earlier, that they have taken stands on the problem. However, I am not familiar with them.

I suggest the staff contact the various professional organizations to ascertain what findings and policies have been made on this point.

Mr. **Levy**. Unfortunately, everybody takes a stand like that gynecologist, who was trying to arrange that first adoption, who used what was I thought a very interesting phrase.

When it comes to adoption, everybody wants to be a bleeding heart, but nobody wants to bleed enough to get anemic about it. Unfortunately that is the case.

Senator **Mondale**. Ms. McTaggart, your testimony particularly interests me since you and your colleague's investigation gave you perspective of both the expectant and the adoptive parents.

As a result of your experience, would you say that the primary interest of those with whom you were dealing was for the welfare of the child, for the welfare of the pregnant mother, for the welfare of the adopting parents or for personal profit?

Given your answer, how does your experience support that conclusion?

Ms. **McTaggart**. In all fairness to Stanley Michelman, who was the attorney I went to as an unwed mother, I would say that he was extremely nice to me. He offered to take care of expenses, he was kind and considerate and sympathetic to my situation. He even offered me a job. I worked part-time in his office as a girl Friday.

But I cannot say whether or not he was genuinely concerned about my welfare. Although after I had someone call up and say I had a miscarriage, he told me I could keep the job if I wanted to, so I imagine he liked me. He had over $1,200 at stake for the safe delivery of my baby, so I imagine there were other motives of his besides that of my welfare.

I would say that he did not have too much concern for my prospective adoptive parents because he had never found out whether or not I was legitimately pregnant.

I had a document that we had had made up that was a lab test that said I was pregnant. He never found out that I did have such a document because he never asked for any lab test or, for that matter, any proof of my pregnancy. He wanted me to go to a doctor with whom he works fairly regularly, but I told him I had my own gynecologist. Michelman never called my doctor once during the 4 months I was going to him.

He never found out about the health of the father of the child. He just put down excellent, and the same thing happened when Bernard Gavzer and I were trying to "adopt" a baby; Joseph Spencer never really questioned whether or not I really wanted to go through with it, or whether I was going to change my mind and have an abortion.

A week after he had first seen me he had chosen a set of adoptive parents who had signed up for the "McTaggert" baby, and they had already given him a deposit of $2,500 for it.

That is another point, too. If he had really cared about me, I think he would have had me make the choice, because this is the crucial part of New York law. The mother is supposed to choose the parents of her baby.

He had chosen the parents, this first week, but 2 months after that I asked him if he had made a final decision on this set of parents. He said, "It is your choice; you have to choose." But he already had this $2,500 deposit and was going to get another one from the parents, so presumably they were waiting for the "McTaggert" baby.

As prospective parents we did find that Joseph Spencer did not care too much about whether or not we were going to be a suitable set of parents. Remember, Bernie is 54, and I am 24. He is Jewish; I am Catholic. He has children. We said he voluntarily sterilized himself. He was divorced.

We had a whole set of liabilities that would have made us unsuitable for any kind of agency adoption.

Senator MONDALE. Did you deliberately pose as classic bad risks?

Ms. MCTAGGART. It was not all untrue. Bernie is 54 and I am 24. He is Jewish and I am Catholic, but we started to "hype up" some of the liabilities, just to see what would happen, without trying to deliberately entrap this attorney.

What happened is he never really looked at our application.

I also noticed that the application we were sent in the mail before we went to see him really asked nothing about our health. It just had space to check off excellent, good, fair, poor. It asked nothing about our backgrounds. It mostly concentrated on how much income we had.

It was very specific about how many rooms we had in our apartment, what our joint income was, whether or not Bernie paid any alimony to his "former wife."

He never looked at the application during that interview. He showed us six biographies. We were able to choose from the biographies, although he pushed one particular woman who came from what he said were good blood lines, excellent parentage, so I guess he was trying to indicate that she was a real pedigree.

The other point is this Dallas woman whose baby Bernie and I wanted to "adopt" never got to choose us. She would not know very much about us, besides our ages, religions, and professions, so we were really choosing her.

Senator MONDALE. When you went to the lawyer wanting to adopt a child, how did he broach the question of money?

Ms. MCTAGGART. He told us immediately and flat out. He gave us a rehearsed speech, and I have heard that he did so also with other people who have gone to him. He said, "This is going to be a package of $12,000. The bulk of that goes to the other attorney in Dallas." Spencer said the Dallas attorney would receive about $9,000 (which includes all of the mother's expenses), Spencer would receive $3,000 for finalizing the adoption, and he said—it was very organized—we would have to give $5,500 as a deposit to bind it. We would wait for the birth, pick up, and then go through the adoption. Goodner told us that after the mother's expenses were taken care of he would have a profit of $3,000 to $6,000.

Senator MONDALE. Based on your experience would you say that the lawyer's chief motivation was money rather than the welfare of the child?

Ms. MCTAGGART. Yes. Yes, I would say so.

Senator MONDALE. I would ask the others on the panel whether, based upon your work, you would draw the same general conclusion?

Mr. MCAULEY. Senator, I would draw the same conclusion.

Mr. LEVY. Very definitely.

Mr. FRANCIS. The same.

Senator MONDALE. Senator Taft.

Senator TAFT. Thank you.

Mr. McAuley, you speak of a situation in Ohio, but in the cases in the prepared testimony you have referred only to the Ohio situations in which there are an interstate aspect to it.

Are Ohio lawyers involved in this, too?

Mr. MCAULEY. Senator, we did look into Ohio lawyers. We did find a Cleveland lawyer who was referred to a woman reporter from the Plain Dealer. An abortion clinic referred the woman to the Cleveland lawyer for an adoption. Then he was going to handle everything.

He said he would handle everything except the delivery of the baby. He claimed his fee was going to be $500. That is about the extent of the lawyers in Ohio that we got into.

We were mainly concerned with children or babies from the Cleveland area being shipped out to New York and, of course, babies coming in from out of State.

Senator TAFT. You mentioned in your testimony that in the Cleveland area the probate court handles adoptions. The officials there are opposed to private adoptions that bypass the court and legitimate adoption agencies.

The problem there, as I see it, is that the court does not get into it until you actually file the adoption petition. You may have a considerable lag of time involved before a court ever has any reason to look into the matter.

Mr. McAULEY. That is true, Senator.

For instance, in the adoption involving the Cleveland doctor and his wife and the Florida attorney, the Cleveland couple flew to Miami, picked up the child, brought their child back to Cleveland.

At that point, the probate court gets into it because the adoption actually takes place in Ohio, in Cleveland.

The Florida law, because the child is going out of State, does not come into play. Because in Ohio the basic criterion was legal placement, and because Florida law does not come into play it was a legal placement. And that ties the hands of the probate court.

Senator TAFT. Even if it is an illegal placement, it is still possible to go through an adoption under the Ohio law, is it not?

Mr. McAULEY. Yes.

Senator TAFT. It must be that way because, under the circumstances, you would have to look at the child, and the child is already in this home, it may have been there for 6 months or a year, and you have to keep that open.

The point I want to make on record is I do not think we can remedy this thing by saying the placement is illegal. You have to be in a position to allow the adoption to go through if it is in the best interest of the child to do it, even though the placement may originally have been illegal.

Senator MONDALE. In your statement you indicated that black market adoption is more advantageous for unwed mothers than the normal adoption process since there is less redtape, and probably some money in it for them.

Would you comment on that?

Ms. McTAGGART. Yes.

That is a point I wanted to bring out. I think we should examine more closely whether the solution is agencies or not.

I went to about eight agencies and, in most cases, I found their standards and practices outdated and oppressive and most of the social workers' qualifications questionable. And remember I am an unwed mother. I am confused. I do not know what to do. I have money problems.

Most social workers inquired into why I had gotten pregnant, which is, I think, utterly beside the point, considering my situation.

Most of them passed some kind of moral judgment on me for getting pregnant or said: "Wouldn't you prefer to get an abortion? Isn't it easier?" or "Why don't you place the child in a foster home and try to take it later?"

Another said: "You will have to make sacrifices. We cannot give you money. Your rent is too high for you to qualify for welfare."

There are all kinds of problems associated with agencies, so if I had really been in my position, I would have chosen private placement unequivocably.

I think this gets into the problem, if we abolish private placement—which I firmly believe we do not have to do—we have to rely on agencies.

Many adoptive parents with whom I have spoken said they would not want to see private placement die because it is a legitimate, clean, decent alternative to agencies when done properly.

The only problem is how do we do it properly with a law like the law in New York, a law that says a woman, the natural mother and the adoptive parents have to make all the arrangements themselves and that the attorney only acts as counsel? That sounds terrific on paper, but it is actually untenable.

The other problem with agencies is that they have to rely heavily on foster care to stay alive financially. You see, they are financed primarily through foster care. They get city, State and Federal subsidy for each child placed in a foster home.

Therefore, it is lucrative for them to keep children in foster care, and it was my experience that most agencies do not push finalizing adoption but try to keep children in foster care.

I think we are going to have to try to clean up the problems with agencies.

The second problem is standards. Most adoptive parents do not want to be judged so heavily as to whether or not they are fit to adopt a child. I would say unless there is some other kind of substitute, pregnant women are going to go to attorneys and try to get as much as they can out of attorneys, even if that includes illegal money, outside the realm of expenses related to pregnancy.

Senator RANDOLPH. Ms. McTaggart, you had an experience in Florida. Is that not correct?

Ms. MCTAGGART. Well, I did not. My colleague, Bernard Gavzer, did. I did not travel to Florida. But we were working together.

Senator RANDOLPH. You, therefore, had an experience in that State, in the Miami area?

Ms. MCTAGGART. Yes.

Senator RANDOLPH. I wonder if you would give us an estimate, if you could, of the number of babies that are being adopted, let us say, each year through the several attorneys or the group of attorneys in Florida?

Ms. MCTAGGART. I do not have precise figures for that, but I can tell you that Stanley Michelman, this attorney in New York, was handling 25 women who wanted to place their babies through him in 1 month.

Senator RANDOLPH. In 1 month?

Ms. MCTAGGART. In 1 month. And there were several from Ohio, several from Miami, two from West Germany, two from Georgia.

You can just total up the total transactions for that 1 month. It would have been over a quarter of a million dollars, not profit, but total transactions. But Michelman's totals are about the only way I can estimate.

Senator RANDOLPH. Mr. Chairman, I think the reporters in this instance have done not only a good job of reporting, but I think their work is of a high caliber in that they are focusing attention on a field that, Mr. Chairman, has been overlooked.

It is my feeling—that is no pleasantry when I speak of this type of work—it is important. I think you are to be commended.

You have my commendation.

I would like to ask all four of you if we were to impose a nationwide process and a fee system, who would establish the criteria for actually selling a baby?

Would a monthly criterion be set up, a daily or weekly?

Would it change in any sense?

Would a Caucasian baby with blond hair and blue eyes command a higher fee, in your opinion, than a handicapped or black child?

Would healthy twin babies bring a premium price?

These are judgments, and I am wondering if we can legislate on something of this kind.

We know that what is being done is wrong, but I think, Mr. Chairman, you and others will want to know how realistically we can control the situation.

Mr. **Francis**. Senator, just as a matter of moral value, I do not see why we have to say it is a blond, blue-eyed baby, or whether it is a child of Italian descent or Jewish heritage. What difference should it make?

I personally feel that we must have standards. We cannot let so many States run off in so many different directions, especially when most of the babies—especially in Florida—are going across State lines.

We must have standards. I think there is very, very little work involved as far as the lawyer is concerned, and I think in the criminal courts in Florida, the public defender, who is a private attorney, gets a standard fee of $750 for handling a criminal case. I think perhaps a standard fee, if you are not going to outlaw the attorneys in this area, would be applicable.

But how do you monitor a standard fee?

How do you monitor what goes underneath the table?

I am not sure you can do that.

Senator **Randolph**. I agree with you, sir. I think it is very difficult.

You walk a delicate line here, Mr. Chairman, a delicate balance that is difficult. The very fact that you help us to come to grips with the problem is wholesome, Mr. Chairman.

What do you think we can do legislatively, Mr. Chairman?

Senator **Mondale**. I am not sure as yet.

I think this record will be indispensable in determining areas which can be regulated.

In particular, I think we can begin with the transportation of babies across State lines.

I think you supported that.

Senator **Randolph**. I did.

Senator **Mondale**. Since the transportation is for illegal purposes, procuring and inducing pregnant women to cross State lines is a crime.

Whether this is the only area that needs regulation and exactly how it can be regulated is for this subcommittee to decide.

It seems to me that the possibility of Federal regulation induces state action, particularly cooperative interstate regulation, which prohibits potential criminal violators from simply changing their base of operation.

However, before proposing specific legislation we should complete our hearings, and solicit suggestions and advice.

Senator **Randolph**. You think, then, Mr. Chairman, that there is a reason to look toward action by legislation, is that correct?

Senator MONDALE. I am very hopeful that we will do something this year.

For 25 years, Congress has toyed with this issue, holding hearings periodically every 5 or 10 years while the sale of human beings, a practice I find utterly immoral, continues. There is no justification for it.

Senator TAFT. Mr. Chairman, before the panel goes, I share your feelings.

I think that what the panel has pointed out is that this is apparently not really a problem that has been there and continues to be there, but this is a problem which has become more aggravated.

Mr. FRANCIS. Because of the shortage.

Senator MONDALE. We wish to thank you very much for a most valuable presentation, one we have found very, very helpful.

[The prepared statements of Mr. McAuley and Mr. Levy follow:]

Prepared Statement of Bob McAuley, *Cleveland Plain Dealer*, Cleveland, Ohio

A national network with Cleveland as one of the hubs exists to channel babies into the hands of couples willing to pay to adopt the children. This is what reporters for The Plain Dealer found following a month-long look into the baby brokers.

A four-person team of reporters learned lawyers were attempting to acquire the rights to unborn children. In exchange for the payment of living and medical expenses, women were giving up their children to these lawyers who in turn arranged a private adoption for a fee. There were reports that the fee ranged as high as $25,000.

Initially, reporters were told by sources that a New York City lawyer, Stanley B. Michelman, was contacting Ohio women and offering to pay their bills if they would allow him to arrange for the adoption of their unborn children.

The real question was how could a New York City lawyer learn of a woman's pregnancy when that woman was attempting to keep the pregnancy from her closest friends and her family?

What reporters found was a loose-knit national referral service designed to put pregnant women in touch with lawyers seeking to arrange adoptions for clients who were willing to pay a price.

In the Cleveland area, probate court handles adoptions. The officials there are opposed to private adoptions that by-pass the court and legimate adoption agencies. In some instances, the court or other officials successfully prohibited Mr. Michelman or one of his associates from removing a child from Ohio in the past 7 months.

Mr. Michelman's contact with each of these women came after the women had telephoned an abortion referral service. In four of the five cases, written statements showed the women were told they could deliver their children in Ohio and that their babies would be picked up at the hospital.

Recently Mr. Michelman has begun asking women to leave Ohio before delivering the child. He suggests states which had laws which allow private adoptions. In conversations with a P.D. reporter in early March, 1975 who posed as a pregnant woman, Mr. Michelman said he would pay all expenses involved. These expenses are apparently passed on to the client who seeks to adopt the child.

Mr. Michelman admitted in an interview that he earns at least $90,000 a year from private adoptions. In a different interview with a reporter posing as a prospective parent, Mr. Michelman estimated a baby could be obtained in as short a time as 30 days. He said costs would not exceed $10,000.

Reporters found that Mr. Michelman was reaching pregnant women through two abortion information centers operated by Mrs. Angela Zajachuk of Cleveland. The services she operated are Abortion Information Service, with telephone listings in at least 16 cities in 10 states, and Abortion Information Division with phone listings in nine cities in seven states.

Mr. Michelman, in an interview, denied any direct link with Mrs. Zajachuk of Cleveland. He did, however, admit direct contact with three abortion advisory services. He said he also hears of pregnant girls through doctors "(and) the same as certain clients that refer people to me." He said there were no payments for referrals.

A Plain Dealer reporter, posing as an unwed mother and using assumed names, called Mrs. Zajachuk's services on several occasions. On each occasion, when the caller told Mrs. Zajachuk that she was too late for an abortion, Mrs. Zajachuk referred the caller to Marilyn Sheldon, who runs an information service called Abortion and Adoption Assistance Inc., of Roslyn Heights, New York. Mrs. Sheldon then put the caller in touch with Mr. Michelman.

In addition to the information centers run by Mrs. Zajachuk and Mrs. Sheldon, there were three others which referred a Plain Dealer reporter to lawyers for private adoptions. They were: Abortion Information and Counseling of Madison Medical Center in New York City; Abortion Assistance Association in Havertown, Pa.; and Abortion Information Bureau, Inc. of Philadelphia, Pa.

A random check of more than 300 telephone directories showed the six information centers mentioned above to be located in at least 61 cities across the nation.

Another New York City lawyer in the baby-selling business is Joseph Spencer. He also told a reporter he could provide a baby within 30 days. But Spencer said the cost of the adoption varied according to the kind of child desired.

"It can be as little as $2,500, if you want a Korean child, to a lot more," said Spencer. "Now, for instance, for a white Causacian child at birth, most of the lawyers quote substantial amounts, but even there it doesn't run much beyond $13,000.

"Believe it or not, I have biographies of mothers who are going to give birth this month (March, 1975). And I have biographies for April and May. So that if you should be pleased with any of these biographies and if the attorney who sent them to me has confirmed the fact that they are still available...then we process."

The Plain Dealer found a Cleveland doctor and his wife who adopted an infant boy through a Miami Beach lawyer, Robert M. Burns. Documents and an interview showed the couple paid more than $9,000 to adopt the child. Documents also showed Burns was paid $4,779.93 for his legal fee.

The natural mother in the above transaction was a 20-year-old Va. woman. She was housed in a home rented by Burns outside Miami during her latter months of pregnancy she said. She shared lodgings with six other pregnant girls whose children were going to be adopted through Burns. A next door neighbor acts as house mother and is paid by Burns, the natural mother said.

Burns told The Plain Dealer that the seven pregnant women who shared living quarters at his dormitory had heard of his services through friends and physicians. He said he did not get referrals from abortion information centers.

The lawyers claim they are providing a service to many unwed mothers who cannot afford medical, hospital and living expenses due to their pregnancy.

The unwed mothers claimed they were getting a good deal by letting the adoptive parents pay for everything including their living expenses. The mothers said that social and private adoption agencies cannot provide them with those expenses, nor can they provide the privacy that a lawyer can.

The investigator found one mother who was forced to give up her child, even though she had changed her mind and desperately wanted it.

The woman had been flown to New York by a lawyer during the last month of her pregnancy. The lawyer provided her with lodging and food and medical expenses providing the woman give her child up for adoption.

At the hospital, the woman said she changed her mind and wanted to keep her newborn daughter. When the lawyer heard of her decision, she said, he came to the hospital and threatened her with a lawsuit. Frightened, alone in a New York hospital, and without any money, the woman said she signed adoption papers. The woman is currently attempting to regain legal custody of her daughter through the Legal Aid Society.

Philadelphia 1500 Walnut street · Philadelphia, Pennsylvania 19102 · Kingsley 5-3500

April 23, 1975

Testimony of Maury Z. Levy, Editorial Director, Philadelphia Magazine, before the Senate Subcommittee on Children and Youth, April 28,1975.

Philadelphia Magazine started looking into the black market baby business about two years ago when one of our staff members, who was doing volunteer work at a local pregnancy testing and counseling clinic, told us about some strange people who were hanging around outside the clinic's offices. The strange people were lawyers. And these lawyers had approached a number of young women who'd gone in for pregnancy counseling, trying to persuade them to keep their babies until term and then to give them up for adoption. Their means of persuasion were very blunt and very green. They were offering money, as much as $10,000 for a baby. They, in turn, would sell the baby to someone else, usually turning a profit of between $5- and $10,000.

I am submitting, as written testimony to this committee, a rather lengthy article which gives in full detail the results of our investigation. In these few minutes, we can only scratch the surface.

Our investigation into the baby buying and selling practices showed them to be very widespread--to involve some prominent local lawyers in collusion with some prominent local doctors. The lawyers then managed to maneuver and perjure their ways past undoubting local judges.

The course of our investigation led us well out of the Philadelphia metropolitan area. We learned of connections in Miami, of people there who were shipping babies out of state if the price was right. We learned that it was big business, that certain lawyers in the Miami area were operating what amounted to stud farms, places where young girls would be given money to carry unwanted babies, places where young girls were paid to be inseminated. Their babies would then be sent to various parts of the country for sale. We learned of a network, a baby-buying connection that ran through Texas and Mexico and sometimes as far away as South America.

There was usually a fairly standard procedure that applied to the mechanics of the transactions. A couple would be interested in adopting a baby. Often they would try local agencies, usually with little or no luck. And then they would start asking around. They'd ask doctors, friends, whomever they knew. A very sophisticated but most unofficial hotline had been set up by adoptive parents who'd already been through the ordeal. They knew where all the right connections were. And they would point people in the direction of lawyers who could take care of them.

The lawyers would quote a price to a couple. Sometimes it would be $5,000, often it would be $10,000 and, in many cases, it would be as high as $20- to $25,000. In fact, our sources tell us that the average current price for a healthy white baby in the Philadelphia area is now about $17,000. Once the contact was made, the lawyers would then try to match the parents with an expectant mother and give them the approximate date of the baby's arrival. With little or no investigation of the background of the parents, the lawyer would turn over the baby to them for his fee, which was usually paid in cash. Both the lawyer and the parents would then perjure themselves by swearing to a judge that the transaction cost perhaps little more than $1,000. On their word, the judge would then approve the whole thing.

The deal was never quite that simple, though, for the parents. Many of the lawyers would squeeze them for all they were worth. They would agree on a price and the parents would frantically put themselves into debt to get that money together, only to get a phone call telling them that the lawyer had gotten a better offer from another interested couple, and that if they still wanted that baby, they'd have to shell out more money to raise the current bid. The whole thing became a very vicious bidding war. And with prospective adoptive parents far outnumbering available babies, the stakes got very high.

We discovered some other pretty devious maneuvers. Like the case of a young woman who'd become pregnant and gone to her gynecologist, a very respected man, and told him that she wanted to carry the baby through and then give it to a good family. The doctor told her she would get the best of care, paid for by the prospective parents. She would get no money. Neither would the doctor, other than his normal delivery fees. After the baby was delivered, the doctor got a call from the hospital. The natural mother had changed her mind. She told him she was giving the baby to another source. A quick investigation found out that the source was a lawyer who'd been told of the pregnancy and who'd called the mother, offering her close to $10,000 if she handed the infant over to him instead. All the doctor could do was call the expectant adoptive parents and try to explain to them why they wouldn't be getting their baby.

We spoke to many other lawyers and doctors who were legitimately involved in private adoptions. And many of them told us they were getting out of the business because, as one lawyer said, it had become overrun by "whores and thieves," and that it was almost impossible to run an honest practice anymore. With more and more honest people getting out, the killings became all the more lucrative for the black market operators. Last year, in Pennsylvania alone, some 6,600 children were put up for adoptions. Of that number, almost 5,000 were handled privately, many of them bringing in thousands of dollars of extra profits to the black marketeers.

Meanwhile, harldy anyone is doing anything about it. The local Bar Association says it is "watching it." As is the county medical society. The district attorney's office says it can't move without details of specific cases, without specific names. Well, they know the names of the lawyers, of the offenders. We offered them up, and they added them to their own list. But until the parents involved are willing to step forward and put their stories on the record, and until some of the adoption laws are changed, this nice little dream of parenthood at any price is going to continue to be one very bad nightmare.

Senator MONDALE. Our next witness is Robert H. Burns, attorney from Miami, Fla. I understand you do not have a prepared statement, Mr. Burns.

STATEMENT OF ROBERT H. BURNS, ATTORNEY AT LAW, MIAMI, FLA.

Mr. BURNS. Yes, sir. I just have a letter that I forwarded to you, and I will speak hopefully extemporaneously.

I want to thank you very much for inviting me to this committee. Actually, I have been asking myself why I got involved because by doing so I subject myself to any possible malcontent I have ever had in my practice, a hostile and bad news media, publicity, but I feel that there is another side and it should be presented.

Fred Francis omitted it in the interview which I had with him—and unfortunately so because I think I have forgotten most of what I said—when the series ran in Miami for 2 weeks.

The first week was very, very derogatory toward attorneys dealing with adoption. The second week he asked to interview me. I was the only attorney who consented. But I asked Fred, why did you single me out? He said a very funny thing happened while he ran the first week. They kept receiving phone calls from people who objected and said: I had an attorney who handled the situation for me who was very ethical. He gave me complete details, everything was above board, and I object to you handling it in the manner in which you have been handling it.

Fred told me he attempted to get the name of the attorney. They were all very reluctant, thinking they were going to get the attorney in trouble.

After much prying invariably he said the name turned out to be mine.

Additionally he got calls from people who were on vacation from New Jersey, New York, and other parts of the country, and the exact same unsolicited testimony was given to him, so he wanted to interview me.

After interviewing me I opened my books to Fred, all my files, my cost books.

I attempt to handle every situation as if I were the adopting parent. I have three children, two of which are adopted. I have a 5-year-old daughter and a 2½ year-old son. They are adopted, and we were blessed, my wife and I have a child 1-year old.

I look at each situation through the eyes of the adoptive parent and, more importantly, the child itself. I attempt to make the best placement I can. It is not first come, first served. It is not the highest bidder.

I have turned down enormous amounts of money. People offer me untold thousands of dollars, and I have not even considered those people. People have sent me money to a trust account before I had a situation for them, and I have rejected it, telling them it does not do me any good laying in my trust account, keep it in your bank account where you draw interest.

Only when I have a situation will I contact you, and then you can forward a deposit so we can apply it to the costs, medical, and maintenance.

Girls also have come to me requesting money along the lines of the testimony that you have heard, and although there is a scarcity of the situations, I have turned those girls down, and I am sure possibly they have gone elsewhere. But I have turned them down. There are many, many attorneys like me who refuse to do anything unethical.

In Florida prior to the placement there is a home study. Before that child can be placed in a home with prospective adoptive parents, the State makes an exhaustive study of those parents to see that they are suitable. This is in addition to any investigation that I would make.

If the child is born in the interim, the child must be placed in a foster home unrelated to the adoptive parent while the investigation goes on. Only when the preliminary report by the Florida Division of Family Services is made—and it is a positive one—can the child be placed in a home.

You have spoken about fees, and you have heard a couple of fees today. I want you to know I think I have handled for the entire past year—I really have not checked—probably six situations. I have three more pending. Of the six, two of them I did for nothing—zero—one went to a policeman who could not afford it, but I gave it to him for nothing. My fee was zero.

Another couple I obtained a situation from California. I handled that one also for nothing.

Another couple I charged $125.

Another couple that you heard about was $4,700—a girl who was with me for 7 months, that I took care of, on behalf of the parents.

Senator **Randolph**. Mr. Burns, what is the highest amount you have ever charged?

Mr. **Burns**. I believe that is the highest.

Senator **Randolph**. The $4,700?

Mr. **Burns**. I have charged $4,000. I have charged $2,000. Oh yes, also one was $1,000.

So it varies, but I feel that I should have a right to charge nothing or charge something that my client can afford. I think it is a contract between an attorney and client.

Senator **Randolph**. And you are giving time to this problem, are you not?

Mr. **Burns**. About 1 or 1½ percent of my practice is adoptions. There was a point where 50 percent of my time was utilized in the adoption practice, and that portion of the practice. I would visit the girls. I would counsel.

Incidentally, before any girl was taken on by me in a situation, I made sure that they were doing this of their own free volition. I made sure that they were not being coerced into it by anybody at all, including their parents, boy friends or whomever, because if a girl gave me the slightest inclination, I declined the situation.

If she vacillated, I declined the situation until the time she could come back to me and tell me that she definitely felt this was in the best interest of the adoptive parent and the child.

I check on parents as best I can. If it is a local adoption, I screen them very thoroughly. I interview them. If it is not a Florida adoption, then I meet out of State. Many, many times the parents fly down.

Perhaps in addition to coming down to meet me they take a little vacation. Florida is a great place to vacation.

But I do meet a vast majority that come from out of State. Those I do not, I rely on the investigation of somebody else.

I do attempt to match up children both as to coloring, height, weight, color of eyes, hair, and educational background. I take all the information I can.

Incidentally I will tell you of a situation that came to me from one of the agencies. The girl came to me. She was a physical wreck. She had been with an agency who was going to place this child out for adoption. That agency was charging the girl $60 a week, charging the girl $60 a week for maintenance. They were to charge her for the medical bills from the hospital at what they claimed was a reduced amount.

The girl complained to me that she was a physical wreck. Although she paid a high maintenance fee, she was eating tuna fish. The supervision was so strict that she felt guilty about everything she had ever done. Mentally she was a wreck. She was not allowed to have a radio to listen to music in the room that was allocated to her.

Her story was apparently correct because I received a call from the agency that not only indicated how much she had paid at $60 a week but tried to get me to pay and charged me for the time she was with me, for about 4 or 5 weeks at $60 a week.

I wrote them naturally a very nasty letter about that.

Talking about ethics, I think it is very unethical for agencies to charge the girls and charge the parents also. I just do not think it is right. Most of the girls need the maintenance, they need to be supported when they get pregnant. They cannot work. If they are young, they have reputations to protect. So they do need the maintenance. It is a good tool to keep the girls anonymous.

As far as giving disclosure, Fred Francis checked out parents. There was not one client that I had that was dissatisfied with any of the services that I rendered. I gave them full disclosure up front. They knew everything that was going to happen including dollars, where it went, why it went, how it was spent. I keep records that are detailed, and I opened my books to Fred and also to Mike Wallace who will have a TV program about this.

Every penny that was allocated in the situation was accounted for at great time to me, but I would have it no other way.

There was never ever an instance with me, as you have heard testimony here today, of a price and then allegedly something happening out of the blue and the price being jacked up. I have myself, where there are excessive costs, assumed them as part of my fee, and it has eaten into my fee.

There are some unscrupulous girls that I want to talk about. I think you should know everything. These are girls who will go to an attorney and who have no desire to give their babies up for adoption, but the girl gets maintenance and support and doctors' bills paid, so she either goes to one attorney and then keeps the child, which is her prerogative, which I have never challenged, if a girl does not want to give her baby up: that is her prerogative. It is her body, her child.

But there are some girls who will go to 7, 8, 9, 10 or how many attorneys, unbeknownst to each attorney, who thinks he is handling her situation and obtains funds.

That is grand larceny, larceny by trick or something else, and then she either keeps the child or gives the child up to another attorney who does perhaps what they say. I do not know. I really should not comment on something that is pure speculation.

The only thing I can tell you, gentlemen, is how I conduct my practice, and I must reiterate I am a trial attorney. I handle criminal matters, personal injury, workmen's compensation, dissolution of marriage, real estate. But I do adoptions. I am very proud that I do adoptions. I help a girl who is in trouble. I help parents who cannot have children. I help both sides, which is very unique in law practice. Usually there is a winner and a loser in any litigation.

The girls are satisfied, the parents are satisfied. I have turned down situations, as badly as they are needed, when I find there is a drug problem. I give the girl a ticket and send her home. I will not handle situations like that because I would not want to adopt a child that could possibly be born with withdrawal symptoms, and I would not want a client of mine to adopt such a child.

You have all heard of the Di Martino situation. There are many more like it. How did that happen? How did it happen that the parents adopted the child and it was kept under cover and there was subterfuge certainly by the agency that the girl from the outset, right after she gave birth to the baby, wanted the baby back.

They tried to coerce the girl, tried to dissuade her, lied to the adoptive parents. They thought perhaps with the passage of time the girl would change her mind and give the baby up for adoption.

Most of the problems that I have heard in this area have come through adoptions, not through private attorneys.

As a private attorney I feel an obligation not only to the girl but to the parents as to full disclosure.

I do not want a situation where the girl may change her mind. The hardest thing for me to do is to tell a parent the girl has changed her mind. I would not handle a situation like that.

I have had situations where the girl did change her mind just prior to giving the child up. I tell you what I do in a situation like that. The parents have incurred the liability of maintenance for many, many months, whatever medical bills, drug bills, et cetera.

I take absolutely no fee at all although I have earned one. I look around and hope to obtain, and usually do obtain, the next suitable situation for them.

In the second situation I reduce my fee which coincidentally is the amount of the costs in the first one. Technically they have paid for the costs in both situations. Practically speaking, I wind up paying for the cost because I have a feeling for the parents.

I happen to be an adoptive parent myself.

Counseling of the girls in addition to the initial counseling and the questions I put the girl through to make sure she is definitely of her own free will and volition giving the child up—I counsel them at great length. Most of the girls are very young. I have had them as old as 40 years in change of life. Most of them are young.

They need counseling. I am an attorney. I am used to counseling. I tell them they have an alternative. I give them their alternatives.

They have recently been interviewed both by a newspaper here locally and by a television program. The girls have told exactly what the truth is, that they have been counseled, and that they have of their own free will chosen this situation as being the best available for them, the baby and the adoptive parents.

If there is anything that you would like to question me about, please feel free to do so.

Senator **Mondale**. Mr. Burns, approximately how many babies did you handle for adoption in 1974?

Mr. **Burns**. I would have to take a calculated guess in 1974. I would take a guess of about 10. That would be purely a guess.

Senator **Mondale**. How many did you place for adoption in 1973?

Mr. **Burns**. I would also have to be taking a guess. Anywhere from 10 to 12 or so, maybe 13. I am not sure.

Senator **Mondale**. I recognize that.

How many years have you been handling adoptions?

Mr. **Burns**. Adoption is only one phase of my law practice. Probably eight and a half years, maybe nine.

Senator **Mondale**. Would that be a typical year, placing 10 or 12 babies, or were there years in which you placed more?

Mr. **Burns**. There were years when I would have more. There were years when I would have much less.

Senator **Mondale**. What was the largest number you have placed?

Mr. **Burns**. I would have to actually go back and probably write to you, and look up the files.

Senator **Mondale**. Would it be in excess of 25?

Mr. **Burns**. No. I would say the highest possible—and I would be taking a guess, once again—probably would be 20.

Senator **Mondale**. Would you send the materials on the exact count for the record?

Mr. **Burns**. Yes. It will take some time to go through all the records.

Senator **Mondale**. That is all right.

What was the average fee charged for this service in 1974, approximately?

Mr. **Burns**. It is hard to say. Some fees were $4,000. Some fees were $1,000. Some fees were $500. Once again I would have to add it and divide it and calculate it.

Senator **Mondale**. What was the highest fee you accepted last year?

Mr. **Burns**. There was one situation—and I have to rephrase something on which I made a statement. There was one situation that came to my office when I was out campaigning. I was running for city council, and I was out of the office for about 1 or 2 months.

My secretary at that time, who thought she was doing the right thing, made a contract, which when I returned I had to live up to, which I have never done before, nor which has ever happened again.

The entire amount that she signed the people up for, unbeknownst to me, was $10,000, of which about $7,000 was a fee.

Senator **Mondale**. You say you had to honor this contract?

Mr. **Burns**. Not legally. I am talking morally. My personal subjective feeling.

That is my personal subjective feeling. It does not mean that I will condone or condemn another attorney who does it. I only know what I do and what I charge. Most of the amounts I think were in the neighborhood of $5,000, which included the fee and all of the costs.

Senator MONDALE. I do not quite understand the $10,000. You say it was a contract you had to honor. Could you not have rescinded the contract and charged a lower fee?

Mr. BURNS. I had contemplated that, but then the parents may have questioned the initial contract itself.

Senator MONDALE. You think they would have objected to paying a lower fee?

Mr. BURNS. I do not know what thoughts would have run through their minds.

Senator Mondale. I practiced law for many years. I never had any complaints along that line.

[Laughter.]

Mr. BURNS. But any other contract I have made has been along the lines that I have just testified to.

Senator MONDALE. How did you establish a reputation such that these pregnant girls were referred to you? How did you hear about them? Who referred them to you? How did they come into your office?

Mr. BURNS. Initally one of my clients for whom I was handling a personal injury case came to me in tears. Her 16-year-old daughter was pregnant, and they wanted to give the baby up to adoption, and did not know what to do about it.

At that point I did not know what to do either, but I checked into the statutes, and found out what I could do, and helped her. That happened the first couple of years after I was practicing. They have been few and far between.

Then I started to get referrals from the girls' friends who were in a similar situation. Then I started to get referrals from doctors who handled it, who spoke to the girls, who told them I treated them very fairly and very well.

The referrals started mainly from doctors and mainly from girls who were friends of the situations that I handled previously.

Senator MONDALE. In the film they talk about some girls from northern Florida.

Mr. BURNS. That was through another attorney.

Senator MONDALE. Have you ever handled pregnant girls from out of State?

Mr. BURNS. Yes.

Senator MONDALE. How were these girls referred?

Mr. BURNS. Both through doctors and from girls who moved away from the State of Florida to other parts of the country and had friends who became pregnant, and they came down to see me.

Senator MONDALE. In 1974, approximately how many girls were from Florida, and how many were from other States?

Mr. BURNS. I would not know off hand. I would once again have to check.

Senator MONDALE. Approximately?

Mr. BURNS. I would say most were from Florida, but I would not swear to it. I would have to check.

Senator MONDALE. From where were the girls who were not from Florida? Give me some of the locations that they came from.

Mr. BURNS. Some of them were from Georgia, one was from Alabama. I think most of them were from Florida.

Senator MONDALE. Was one from Cleveland?

Mr. BURNS. No. No, that was a parent. That was a parent from Cleveland.

One was from Virginia, a girl who I had handled 4 years previously, who was living in Florida at the time when she was 16, and gave up her child. When she was 20 last year she came down from Virginia.

Senator MONDALE. How many of the children that you placed last year were adopted by non-Floridian parents?

Mr. BURNS. I would say a little more than half from non-Florida parents. I really did not bring any of that information.

Senator MONDALE. I am just trying to get statistics. I would appreciate your submitting exact figures for the record later.

How did you contact prospective parents?

Mr. BURNS. They would come to me through other parents who had adopted through me, friends. When somebody adopts in the neighborhood, two or three other people go to them and ask them where they obtained the situation, and then they would call me.

Any situation that I have had on both sides was unsolicited on my part—completely unsolicited.

Senator MONDALE. How did you learn of the parents in Cleveland, Ohio?

Mr. BURNS. They called me and told me that they were friends of—I forget the names of the people—who had adopted from me on a previous occasion, and they said I came very highly recommended to them.

Senator MONDALE. Did they call you and say they wanted to adopt a baby?

Mr. BURNS. Yes.

Senator MONDALE. Then what happens?

Mr. BURNS. I tell them to write to me. I tell them to give me their background, their hobbies, their coloring, their characteristics, their religion, ages, how long they are married, educational background.

It is quite extensive, the information that I require.

Senator MONDALE. Is there a form to complete for that information?

Mr. BURNS. It is basically a form.

Senator MONDALE. Would you submit that for the record?

Mr. BURNS. Sure. I am not taking notes. Could someone supply me with what I am to send?

Senator MONDALE. We will send you the transcript.

Mr. BURNS. All right.

Senator MONDALE. Were prospective adoptive parents ever referred by lawyers from other cities?

Mr. BURNS. Occasionally, yes, but those are very few and far between, but occasionally that would happen.

Senator MONDALE. Let us return to the Cleveland couple. According to a signed affidavit it cost this couple about $9,000 to adopt this baby, $4,779 of which was your legal fee.

Mr. BURNS. I do not recall that the overall amount was that much. The overall amount I recall was $8,000 or $8,500.

Senator MONDALE. Your fee was over $4,000.

Mr. BURNS. Yes. When I talk about the overall amount, I did not think it was that high.

Senator MONDALE. How did you decide upon a fee to charge the Cleveland family?

Mr. BURNS. At the time that I matched up the child with them I called them, and I told them, and/or I wrote to them that I did have such and such a situation, that the girl was with me, how long she was with me, how long she would continue to remain with me, the duration, the amount of time that I would be putting into the situation.

Also, I could estimate at that point the approximate amount of maintenance and support the girl would need for the duration of her stay.

Senator MONDALE. The adoptive parents then sent you a letter answering the questions you had asked?

Mr. BURNS. Yes.

Senator MONDALE. Had you met the parents prior to the time you made this arrangement?

Mr. BURNS. This particular couple I do not believe I had met, but I did rely on an attorney they had contacted in Cleveland as to their moral suitability. This was a doctor and his wife.

Senator MONDALE. But you decided, based upon their answers to your questions, and on the recommendation of some lawyer in Cleveland, that they would make a good home for this boy.

Mr. BURNS. Yes. In addition to that I received numerous letters from them.

Senator MONDALE. From the parents?

Mr. BURNS. Yes, and numerous, numerous telephone calls.

Senator MONDALE. What is the name of the lawyer in Cleveland with whom you worked on this?

Mr. BURNS. I think it is Mr. Peterson, but I am not sure.

Senator TAFT. Mr. Chairman, may I inject a question?

Senator MONDALE. Surely. Any time.

Senator TAFT. In this Cleveland case, did the State of Florida, or any agency in the State of Florida check into the home in Cleveland? What role did they have there?

Mr. BURNS. The State where the parents resides ultimately checks, and very thoroughly.

Senator TAFT. So your answer is no with regard to the State of Florida?

Mr. BURNS. The State of Florida has no jurisdiction over the parents.

Senator TAFT. Then your statement earlier, when you said the State makes an exhaustive preplacement report——

Mr. BURNS. Florida does make a report that is quite extensive.

Senator TAFT. But not with regard to out-of-State placement?

Mr. BURNS. No. The State they are from makes the investigation.

Senator TAFT. Thank you, sir.

Senator MONDALE. The Sunday Washington Post had an article which you undoubtedly read.

Mr. BURN. I have read it.

Senator MONDALE. I think it involved a New Jersey couple who adopted a child with your services.

Let me just read part of the article, and you respond to it.

> For example, he has never met this New Jersey couple who will adopt this child, never visited their home, knows only as much about the couple as they told

> him on the phone. He is not even sure if the New Jersey lawyer he is dealing with has ever visited the home.
>
> I like their background, he said. I spoke to them on the phone. They appeal to me. It is a value judgement on my part.

In your opinion, is that accurate, and, second, is that an adequate way to evaluate the qualifications of an adopting family?

Mr. Burns. When I say it is a value judgment, it is a value judgment after I receive all the data and information on the backgrounds of the parents, after speaking with them.

I may have met this couple. I am not sure, but I know that I did speak with them on the phone. I corresponded with them on numerous occasions, and the attorney in New Jersey has met with them.

Senator Mondale. Do you know the attorney in New Jersey?

Mr. Burns. Once again I will have to look at the file.

Senator Taft. I wonder, Mr. Chairman, if we should know whether or not the attorney in New Jersey charged a fee and, if so, to whom he did.

Is he a lawyer representing the people?

Mr. Burns. No. I really do not know. It is my understanding that the only time he charges a fee is when he files the petition for adoption, which is supplemented by all my legal documents and affidavits that I forward.

Senator Mondale. It is possible that the New Jersey attorney charged an additional fee for his services?

Mr. Burns. I doubt it.

Senator Mondale. Did you inquire?

Do you have any conditions or restrictions on this doubling up of fees?

Mr. Burns. The only thing I do, I talk and discuss it with my client, who is adopting out of State. I advise that a petition has to be filed, and the only obligation to the State is to the attorney for the filing of the petition to which all my documents are annexed.

Senator Stafford. In the case you are describing, the New Jersey matter, at the conclusion of the adoption, as far as you are concerned, and the payment of the fee, will you send a forwarder's fee to the attorney in New Jersey?

Mr. Burns. Absolutely not.

Senator Stafford. Have you in any of these instances where you have been working with an out-of-State lawyer?

Mr. Burns. Maybe quite some years ago I did. I think once in my entire practice that was requested, but I have not in any of the others that I have ever handled, a forwarding fee, a referral fee, for the parents.

Senator Taft. With regard to this attorney in this particular case in New Jersey, you were, in a sense, relying on his opinion as to qualifications of the family, is that correct?

Mr. Burns. I formulated my opinion myself, based on the documents I received from them, the phone calls, the discussions I had with them.

Senator Stafford. In the New Jersey case, he was acting in the capacity of an attorney and client relationship with these people, was he not?

Mr. Burns. You would have to ask him.

Actually, he filed the petition on their behalf.

Senator TAFT. He contacted you on their behalf to carry out some services, did he not?

Mr. BURNS. No.

The parents contacted me, I believe. He may have. Usually the parents themselves contact me.

Senator TAFT. At the time you relied on this value judgment as to the adopting parents being suitable people, you did not even know whether he was their attorney or not?

Mr. BURNS. No.

I asked them at the time they contacted me, or shortly thereafter, who the attorney will be who will file their petition, and they advised me.

Senator TAFT. He was then in a client-attorney relationship with them very clearly, or was going to be, and the problem I have is whether or not that is a proper person for you to rely on.

How can he go against his client and tell you they are not a suitable family?

Mr. BURNS. Oh, he certainly could.

I had one situation and it happended to be an attorney who incidentally adopted through me many years ago. When it came time for filing the adoption, I had investigated him before, during and up to the time of the final hearing, and I went to the court and I said, "This is the most difficult thing for me to do. I am recommending against this adoption being finalized."

I think that there is something wrong with the attorney and his wife, after an exhaustive investigation on my part, that showed this to be the case.

The Division of Family Services, the agency, fought me on it and, over my objections and through their recommendations, the adoption was finalized.

Subsequently, that man was indicted for bribery.

It turned out he was a mental patient at the time of the adoption and prior thereto; that he had not given full disclosure. And everything I felt about him, my investigation bore out, and they apologized to me.

Here is the situation where I have gone against my own client, but I was thinking of the welfare of the child at the time.

Senator MONDALE. Let us go back to the Cleveland case.

How did you view your position?

Were you representing the pregnant mother, the baby, or the adoptive parents?

Mr. BURNS. The attorney for the adoptive parents, but——

Senator MONDALE. Then who represented the baby and the mother?

Mr. BURNS. In the placement, every consideration was given to what is best for the baby.

Senator MONDALE. Yes; but who represented the baby?

Mr. BURNS. I do not know who would represent the baby except the Division of Family Services makes the finalization and places him.

Senator MONDALE. In other words, you do not represent yourself as a lawyer for the baby?

Mr. BURNS. No.

But I do take the baby's welfare into consideration. That is my primary consideration.

Senator **Mondale**. And you do not represent the mother?

Mr. **Burns**. No, although they must consent to allow me to have certain things done, such as contacting the hospital and having a rapport with the obstetrician and pediatrician.

Senator **Mondale**. Who pays your fee, the adopting parents?

Mr. **Burns**. From the parents, yes.

Senator **Mondale**. If there is a conflict of interest between what the parents want and the best interests of the child, in whose favor do you decide?

Mr. **Burns**. I have never had such a conflict. I do not understand what possible conflict there would be.

The child is getting a home——

Senator **Mondale**. You represented parents in Cleveland whom you had not met. They paid a fee.

How did you know you were acting in the best interests of the baby when you did not know the parents with whom you were placing him?

Mr. **Burns**. From the letters and the conversations and telephone calls, I know that the parents would give the baby a great deal of love and affection.

Senator **Mondale**. How do you know that?

Mr. **Burns**. From the letters and conversations with them.

Senator **Mondale**. From letters from them?

Mr. **Burns**. And conversations with them.

Senator **Mondale**. Did you believe they would reveal any problems they might have?

Mr. **Burns**. Well, it is similar to an interview that perhaps an agency would give to prospective adoptive parents.

Senator **Mondale**. Agencies also go into the home and do other things, do they not?

Mr. **Burns**. Yes, which they also do in Florida and many other States prior to placements.

Some States do this subsequent to placement, but all States do it.

Senator **Mondale**. You do not see any possibility of a conflict of interest here?

Mr. **Burns**. As far as the child goes?

Senator **Mondale**. The child, the mother, the adopting parents.

Mr. **Burns**. I advise the adopting parents of the entire background of the girl. I try to give the girl information, without giving the names of the parents—some of the girls do not want to know the background and refuse to listen. Some do want to know the background.

Senator **Mondale**. I find it hard to believe you when you say you are protective of the baby's and the pregnant mother's interests since you do not know the parents who are going to adopt the child and you get a fee from them.

Mr. **Burns**. I have to rely on all the criteria that I have available to me.

Senator **Mondale**. But the information you receive is supplied by the parents who want the baby. Do you really believe they will provide their lawyer with information which might undermine their ability to get the baby they want so badly?

Does that make sense to you?

Mr. **Burns**. The only way I could possibly answer that, in all of the situations that I have handled, the babies, except for the one I told you about that I foresaw, are in fine homes, prospering. The parents come back to me with the baby on visits. They send me pictures. They correspond with me.

They have all been successful placements with the one exception I tried to stop prior to finalization.

Senator MONDALE. Let us accept your position.

I gather that you are well regarded by the reporters and others.

However likely is it that other lawyers who handle adoptions will be as ethical as you are?

Isn't there real potential for abuse in the adoption procedure?

You heard the press panel. What proportion of the serious charges that you heard do you think have a basis?

Mr. BURNS. That is always a problem, Senator.

The girls that I have rejected who have demanded money from me as a payoff—which, incidently, would be selling the baby, and I object to your connotation that what I do is sell babies—that would be selling a baby, in and of itself.

I know they went somewhere, causing me to speculate on my part. Apparently they gave the child up, took the money, or did not give the child up, or whatever other shenanigans they pulled off. You have to have an unscrupulous girl, you have to have an unscrupulous person to deal with them.

Senator MONDALE. Do you think lawyers are being victimized by the girls?

Mr. BURNS. I myself have been victimized by the girls.

I have spoken to other attorneys who have been victimized by the girls.

Senator MONDALE. Have you heard of instances where a lawyer victimized a girl?

Mr. BURNS. No, I have never. And if a girl has changed her mind, that is her perrogative. I cannot speak for anybody else.

Senator MONDALE. From what we have heard here, Mr. Burns, you have a good reputation. I too am a lawyer and have practiced law for many years. I have great respect for my profession, but you and I both know that in any profession there are always those who cut corners, particularly when there is money to be made.

In this country there are people who crave children and subsequently are willing to pay, according to our panel of witnesses, from $5,000 to $40,000.

Mr. BURNS. Yes, sir. And when someone offers me that type of money, I summarily reject it.

Senator MONDALE. But you are not on trial here.

Mr. BURNS. But attorneys per se are on trial here, so to speak.

Senator MONDALE. Yes.

Mr. BURNS. I feel an undercurrent of hostility in this particular room, especially toward attorneys who may deal with adoptive situations. I think it is improper.

I think as perhaps in any other profession, in one part of that profession there are unscrupulous people, but all attorneys should not be branded because of it.

Senator MONDALE. Oh, no, no, we are not trying to do that. But the worst thing you can do for the law and the bar is protect chiselers who function behind a legal license. We must create public respect for the law and its practitioners.

I am not criticizing the bar, but when lawyers are known to be selling babies I want them stopped.

I gather from your testimony that abuse of the adoption process may happen.

What do you think we should do to prevent it?

Mr. BURNS. Perhaps we should police our own profession more diligently. That may be the answer.

If you are talking along the lines of Federal legislation, what I personally would like to see is some uniformity in the adoption laws.

When I handle a situation out of State for a client, I may have had that client on a negligence case, who may have been in an accident, or may have been involved in a contract matter or buying a business.

Only in the adoptive situation do I have to take care of both my Florida laws and the laws of the State where the adoption will be finalized. Each little jurisdiction has its own little particular unique forms, regulations, et cetera.

If anything I would like to have it uniform so the availability, adoptability of children would be same in the entire United States.

Senator STAFFORD. Mr. Chairman, I shall be very brief.

I realize that, as somebody once said, it is a mighty thin pancake that does not have two sides, and I am glad that you are here, Mr. Burns, to present the other side of this picture.

Do you provide a home or homes in the Miami area for unwed mothers?

Mr. BURNS. I have a private house, and I will tell you how that evolved.

A couple years ago, the judges who were handling adoptions were upset as to the high cost of maintenance. If a girl went into her own apartment, you would have one electric bill, one rent, one water bill, one gas bill. The costs were astronomical.

So, to appease the judges and acquiesce to their demands, if I had two or more situations, I would put them under the same roof. That would cut the costs down drastically.

Of course, it is a damned if you do and a damned if you do not. I find that it helps in many ways, not only cutting the costs down of the maintenance, but the girls are in an environment with a peer group, and they seem to get along well together and seem to be able to face reality better, knowing there is somebody else they become friends with in a similar situation.

They are able to face the future better.

Senator STAFFORD. Do you provide a house mother for this group?

Mr. BURNS. Yes, I do. They have supervision. She takes them shopping, takes them to the doctor, helps buy the drugs, maternity clothes, takes them to the hospital when it is time to deliver, and also out on excursions to keep their time occupied.

Senator STAFFORD. When you charge a fee, does that fee include your out-of-pocket expenses in connection with the operation of the home, and so on, or are these separate items?

Mr. BURNS. Every incidental to the pregnancy, to the birth, to the adoption, is included.

Incidentally, I heard a reference to a dentist's bill.

I had one girl who became very angry with me because I refused to pay her dentist bill, and she paid it herself. And then one of the other girls came to me with a doctor's note that there was a $250 to the dentist, but it was due to a lack of calcium due to the fact that she was pregnant.

I did not pay that either. I thought it was stretching it a little bit, but you can see how you can justify a cost as being incidental to the pregnancy.

Senator Stafford. In the Cleveland matter where your fee was $4,779.63, just to get an example on the record, did that amount of money include your costs involving the home and so on, as well as your actual legal fee?

Mr. Burns. The costs that the parents paid and agreed to pay were part of the costs incidental to the home, which was incidental to the pregnancy, yes.

Senator Stafford. And that was included in the $4,779.93.

Mr. Burns. The affidavit spells out exactly what is included.

Incidentally, in all Florida adoptions an affidavit is required as to cost. The penalty is a penalty for perjury and 20 years in jail, so full disclosure is made prior to and subsequent to.

The affidavit that is filed as to costs is filed long after the parents have taken my services, and it is identical to what I told them many months prior thereto, and the parents will attest to that.

They are given full disclosure as to everything.

Senator Stafford. You testified earlier, Mr. Burns, that the adoptive side of your practice was about 1 percent. You may wish to vary that.

Mr. Burns. One and a half.

Senator Stafford. You testified that the bulk of your practice I gather is trial practice.

Mr. Burns. Yes.

Senator Stafford. This is not essentially part of the committee's business, but I will ask and understand if you do not care to answer.

How much would you make in a year in handling the adoption proceedings?

Mr. Burns. That I would have to ascertain when I get back. Each case is different. Each case I treat differently. I have handled situations for no fee, no fee at all.

Senator Stafford. I understood you to testify to that.

Mr. Burns. Incidentally many attorneys in the Miami area come to me when they want to adopt. From my peer group that is saying something. Doctors who deliver and who have many attorneys to choose from have come to me.

I also have given a fireman a baby, a policeman a baby, somebody working as a captain on a boat.

The criteria for me is not really the money aspect; it is love and affection and care of a child, but they also should be able to provide for the child.

Senator Stafford. If you would be willing to supply what you made in 1974 in the adoption matters for the committee's records, it would be appreciated.

Mr. Burns. Yes. If you could give me a list of any other things that you require, I will be more than happy to send it to you.

Senator Stafford. On that basis we should suggest that maybe the IRS will multiply that figure by 98.5 percent and thereby estimate the balance of your income.

Mr. BURNS. Senator, the only thing I can say is now you can see why people do not want to testify.

[Laughter.]

Senator MONDALE. Senator Taft.

Senator TAFT. Mr. Burns, in the Cleveland case was there a preplacement approval by an agency in the county?

Mr. BURNS. That you would have to check with the attorney in Cleveland. They came to me months prior to the adoption, and any preparations that would have had to have been made certainly would have been made through his initiation.

Senator TAFT. You do not know whether there was or not then; is that correct?

Mr. BURNS. No; I do not know, but I am sure that a tough investigation was made. At what point in time I am not sure.

Senator TAFT. It does not make any difference. If it was after the placement, you have a different set of rules you go by.

Mr. BURNS. Oh, I think the Division of Family Services conducts it from the point of view of the child's welfare.

Senator TAFT. But the child's welfare after the placement may be something quite different from the child's welfare before the placement.

Do you agree with that?

Mr. BURNS. Yes.

What you are perhaps suggesting is that there be a uniformity in the adoption procedures such as in Florida, and have preplacement and have preinvestigation of the parents.

Senator TAFT. Why would it not be simpler, why would it not work just as well simply to leave it up to the State regulations? You would not be hurt in your practice. I do not think anyone else would be. I do not mean leaving it up to the State which is going to eventually have to approve the adoption.

Mr. BURNS. If you ban interstate adoption, you are precluding many, many people from obtaining a situation. A lot of the girls come to Florida to have their children. You would be limited to Florida parents.

Senator TAFT. Through this process they are going to be otherwise available to them?

Mr. BURNS. To the adoptive parents?

Senator TAFT. Yes. The mother. I mean the mother.

Mr. BURNS. The mother right now has many, many alternatives. Some of the girls that come to me had the alternative of going to an agency and staying in an unwed mother's home. They chose not to do that.

Senator TAFT. Which has the alternative of making a placement in the State where she resides.

Mr. BURNS. She had that alternative. They always had that alternative; yes.

Senator TAFT. Mr. Burns, could you just briefly give us your educational background.

Mr. BURNS. Where I went to high school? Miami Beach High School. I went into the service for 3½ years. I went to the University of Miami. I obtained a degree in philosophy. I went on the GI bill.

I worked my way through school at the same time. I was a fireman for 15½ years. I worked 60 hours with the fire department, 40 hours a week as a private detective, worked 100 hours a week, and went to school and obtained my law degree. I was still a fireman while going through law school.

I have my B.A. in philosophy and my law degree.

Senator TAFT. Do you feel these qualifications are sufficient to enable you to make a judgment as to what is or is not going to be a good home?

Mr. BURNS. Yes. An attorney's basic function is counseling. In addition to that, I have counseled so many and handled so many situations that I feel that I do have those qualifications, bearing in mind ultimately it is a value judgment on my part and/or anybody else's part in an agency.

Senator TAFT. Do you think any attorney would have that capability?

Mr. BURNS. No; but neither do the agencies. I do not know if there is somebody here—there was to be somebody who called me when they read the article, an old client who lived in New Jersey who was appalled by the article. I did not think it was that bad an article myself, knowing newspaper reporters.

[Laughter.]

Fred Francis excepted.

But she was up in arms. I have other clients who went to agencies who came away in tears, came away heartbroken at the alleged authority of the agency who, as they said, was playing God over them. They were appalled.

It is possible they will testify as to what they have told me about agencies.

Senator TAFT. These were people who were turned down by the agencies?

Mr. BURNS. Not necessarily turned down. They were suitable. I, for example, do not know whether they tried to trick them or not, but one of the typical questions of an agency to the parent, the father, would be, well, your wife wants to adopt more than you do. He does not know what the proper answer is.

She has maternal instincts, she wants the baby 100 percent, but whatever answer he gives apparently is wrong because they say you are only doing this to appease your wife; you are doing this as a favor; you do not really want to adopt a child.

Senator TAFT. That is a perfectly valid question, is it not? Do you think it would be a good idea to have a baby adopted into a home in which the father did not want to have a child?

Mr. BURNS. That happens to be one of the questions I ask, but in a different context.

Senator TAFT. It is just a question of who is playing God.

Mr. BURNS. No. It is in a different context.

Senator TAFT. That is all I have.

Senator MONDALE. Thank you very much, Mr. Burns.

Mr. BURNS. One statement, if I may.

I do not know how many other attorneys who have handled adoptions you are going to have, but there are many attorneys who are completely ethical and an exhaustive investigation was made in the Miami area.

Perhaps I am subjecting myself to IRS or whatever, but I think that it has to be said when I handle adoption—and I am speaking for a large percentage of the attorneys—I put my soul into it.

I am an adoptive parent, and I am on both sides of the fence, and I just want to emphasize that I handle every situation as if I were the adopting parent, and that were the situation that I was going to obtain.

I give full disclosure, and if there is something detrimental—not like they did in the *Di Martino* case—I tell the parents immediately, no matter if it would hurt them or not. They get full disclosure which they do not get in an agency.

Senator MONDALE. Thank you very much.

[Information supplied for the record follows:]

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United States Senate
COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. 20510

May 21, 1975

Mr. Robert Burns
Attorney at Law
420 Lincoln Road
Suite 450
Miami Beach, Florida 33139

Dear Mr. Burns:

As you may recall, when you testified at our adoption hearing on April 28th, you agreed to furnish to the Subcommittee certain information regarding the adoption cases that you have handled in your legal practice.

The Subcommittee would like to receive the following information from you for the record as soon as possible:

1. How many babies did you place with adoptive families in 1973? 1974?
2. How many years have you been handling adoptions as part of your legal practice?
3. During that period, were there years in which you placed more than 12 babies?
4. What was the largest number of babies you have placed in a year? What year was that?
5. In 1974, how many of the pregnant girls did you care for? How many of them were from the state of Florida? How many came from other states?
6. In 1974, from which states did the pregnant girls come who were not from the state of Florida?
7. In 1974, how many of the children that you placed were adopted by parents who live outside Florida?
8. In 1973 and 1974, how much money did you earn from handling adoption cases?
9. Please supply a copy of the form with the information which you require prospective parents to furnish you about themselves.

Thank you again for your helpful testimony and for your cooperation in providing this additional important information.

Sincerely,

Walter F. Mondale
Chairman
Subcommittee on Children
and Youth

COPY

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ROBERT H. BURNS
W. STEPHEN ARNOVITZ
JEROLD H. REICHLER

July 28, 1975

Senator Walter F. Mondale
Chairman
Subcommittee on Children & Youth
Washington, D.C. 20510

RE: Adoptive Information

Dear Dr. Mondale:

The following is the enclosed information that you requested in your letter of May 21, 1975 subsequent to my testimony before your subcommittee.

It took quite sometime for my secretary to pull the necessary files and go through them to obtain the necessary information. The files are not included in categories once they are closed and therefore, you can realize how time consuming the project was. We have a very large volume of cases in a very diversified practice.

1. In 1973 there were 28 placements. I took the date of birth of the infant to ascertain the year involved. However, many of the situations in 1973 were hold overs from 1974 of situations that were pending when the children were born in January and early February of 1973. In 1974 I placed 23 infants, again some were hold overs from 1973 as in the preceding year.

2. I have been handling adoptions for approximately 8 1/2 years as part of my legal practice. Of course, as in other aspects of my practice, the adoptive situations grew in number as the years went on and more and more people contacted me relative to same.

3. Yes, there were years in which I placed more than 12 babies with the peak years being 1973 and 1974.

4. The largest number of babies I have placed in one year was 28 in 1973.

5. In 1974 there were 11 girls that I actually cared for out of the 23 placements that I made. Six of the girls were from the State of Florida and 5 of the girls were from other states.

6. Of the 5 girls that I cared for who were not from the State of Florida, one came from Louisiana, one from Illinois, one from New Jersey, one from Ohio, and one from Virginia.

7. In 1974 17 children were placed for adoption by me by parents who lived outside the State of Florida.

8. The approximate total fees earned during 1973 was in the amount of $43,094.54. There was an additional $1,400.00 which were included in fees (making a grand total of $44,494.54) but approximately $50.00 worth of long distance phone calls goes into each situation and therefore should be deducted from the total amount of fees received. Additionally, there was a loss in the approximate amount (hard to ascertain as records are not conclusive) of approximately $3,000.00 for girls who accepted support and maintenance and then for one reason or another, whether intentional or not, changed their minds. Therefore, the net attorney's fees for the 28 cases handled was $40,094.54 which is an approximate average of $1432.00. In 1974 the fees, after deducting approximately $50.00 in phone calls for each of the 23 cases came to $57,715.69 that's approximately $2,000.00 for support and maintenance of girls who had inadvertently changed their minds for a total of $55,715.69 or approximately $2,421.00 each situation.

Please bear in mind that most of the girls were with me a considerable length of time and some up to 7 months.

9. The questionaire requested of the adoptive parents includes the following:

Legal name and address of both parents, the ages of both, their religions, the length of time that they were married; whether or not they have any other children either natural or adopted. The height, weight, color of hair and eyes of both individuals; the extent of formal education of both individuals, the occupations of both, hobbies, reason that they desire to adopt, the general health of the prospective adoptive parents (sometimes require a physician's report on their health), inquiry into possible drug or alcoholic abuse and a special inquiry to elicit additional information from the prospective adoptive parents which may tend to help me in my endeavor to match up the prospective adoptive child with that of the background of the parents so that they would be compatible.

A similar questionaire is given to the natural mother (and father if known and agreeable) at the time of my interview.

I hope that this information will help you in any possible legislation now pending. Of course, I am sure that you realize that Florida has just passed new laws pertaining to Interstate adoption, but without the foresight to request testimony from both sides. They took testimony only from the agencies and not from anybody handling independant adoption.

Please realize that all of the above information was not myself as sole practitioner but my firm which also handles many other phases and aspects of law.

Very truly yours,

ROBERT H. BURNS

RHB/aps

Senator MONDALE. Our next witnesses will be a panel of parents. We have Mrs. Sharon Horner from Philadelphia and Mr. and Mrs. Alan B. Lesser from Audubon, Pa.

Mrs. Horner, if you will proceed.

STATEMENT OF SHARON HORNER, PHILADELPHIA, PA., AND MR. AND MRS. ALAN B. LESSER, AUDUBON, PA., A PANEL

Mrs. HORNER. Having two adopted children, 8 years ago I joined the adoptive parents group to become acquainted with other adoptive parents and further my own knowledge about adoption in our society. I became very active in the group and then assumed the job of helping prospective adoptive couples work through their feelings about adoption and guide them through agency and private adoptive placement. As there were fewer and fewer children available for adoption, I started to hear from these couples horrendous stories of black market adoption.

Definition of black market adoptions from the adoptive parents' point of view is a child that is sold to the highest bidder or a child that is sold at a very high price.

We realize that this is only considered gray market adoption; however, when you are charged $10,000 or $15,000 for services that should only cost $500 to $1,000, we feel that this is black market adoption.

Black market adoption also means a child that is taken from a biological parent under pressure even if this child is not sold at black market prices. No adoptive parent wants a child that is taken from a biological parent; they only want a child that is relinquished because the biological parent feels that this is best for themselves and for the child.

A legal adoption in our terms is a child that is willingly placed for adoption and a fee that should not exceed $1,000.

The psychological need for a child in our society is very great; we are brought up from infancy with the idea to marry, have children, and live happily ever after. This system is changing, but still has not affected attitudes of many young married couples. Their need for a child is such a driving need that it becomes an obsession. People who cannot adopt because they do not have $10,000 or $15,000 begin to feel inadequate because of biological and financial failures. Their whole life revolves around conception, even if conception is an impossibility.

The effects on people who adopt black market are devastating. One effect is, of course, financial; many people go into debt way over their heads; they borrow on their homes, cars, from parents, relatives, etc. Some of these people can never pay the money back. How do they react to the child after this happens? They may resent the child; they may resent society for placing them in this position. There is also the constant fear of losing their child because they perjured themselves in court. They are fearful every time there is a shakeup of the adoption system, because at this time the fact that they perjured themselves can emerge, or the biological parent could decide to contest the adoption because of the perjury. It is easy to be here and say the court and biological parent do not want the child back; it is not easy when you are talking about your child.

Another problem with black market adoption is what do you tell your child when he asks, "Where is my mother" and "Where is my father"? Do you tell him you could not get that information because he was picked up in a parking lot with the understanding that no questions would be asked? When he asks what you paid for him, do you put a $10,000 price tag of his head, making him a salable object instead of a human being? Do you lie and paint a rosy picture and pray that he will never find out the truth?

Some of the lawyers I have spoken to have made such statements as "My price is $10,000, plus hospital expenses. Had you called 3 months ago, it would have been $7,000, but you understand about supply and demand." Another lawyer said, "If you really wanted the child, you would find a way to pay my fee." Another lawyer said, "Take it or leave it. I have five other couples."

Comments such as there are common among black market lawyers. Lawyers' fees are frequently buried in nonexistent hospital bills and empty promises of forwarding money to the biological mother.

Financial arrangements with black market lawyers are under the table. These lawyers will accept $1,000 or $2,000 by check, but the rest must be cash on delivery. Another problem that is run into with black market adoption is a child who is biracial and the fact that the adopting parents do not know. Biracial adoption is fine if this is what you are looking into, but to expect a Caucasian child and then to realize in a few months that the child is not Caucasian is a very difficult situation to deal with. These children in most cases are kept by the adoptive parents because this is their child and they love him.

In some cases the child is given up because the adoptive parents

In some cases however, the child is given up because the adoptive parents just cannot cope. Those that keep the child have to deal with a very difficult situation. Had they known this situation beforehand, the adoptive parents could have exercised the necessary preparation.

Auction blocking is a practice which is becoming more and more common. When a child is born, the lawyer will call a couple and say their child was born; it is a boy/girl, but there is a slight problem and he will need $2,000 more. He will then say he has another interested couple who will pay the extra fee.

The first couple will meet the price and then the second couple will be contacted and told their child has been born but there is a problem and his expenses will be $4,000 more.

It ends with the high bidder getting the child. The other couple is told that the biological mother decided to keep the child, or that another couple could pay more.

I have lost two children through black market. Although I have never had a miscarriage, I can only compare it to that, only worse because I knew the sex of my children and their vital statistics.

I also knew that I would wait a year or more before I would hear of another child. It is very frustrating to rely on strangers for your family. It is emotionally frustrating to feel you are both physically and financially unable to have a family.

People who lose a Caucasian child because of black market today know that they have a long, long wait before they hear of another child.

We are trying to educate people into biracial adoption, the older child, the handicapped child. This is a very difficult task; although people are becoming more open minded every day. It is very difficult for a young couple going for their first child.

I thank you all very much and would be most happy to answer any of your questions.

I have spoken to the Chairman-elect of the Bar Association in Philadelphia. I offered him a list of five names of lawyers who are practicing black market adoption. He told me I do not want them.

I asked him why. It was unbelievable. He said we just had an ambulance chasing scandal. We cannot afford another scandal.

WCAU went to Mr. Fitzpatrick, in our DA's office. Again there was no response. They wanted no part of it. It is not very important to them.

One of the things that we were told was that if we could get a couple to come up and show a $10,000 withdrawal from their bank account, then they might prosecute.

You have to remember that most people do not have $10,000. Maybe they have $1,000 or $2,000 in the bank. The rest they borrow from friends and relatives, parents, a little from the bank. That is not good enough they told us.

The State government and the city government will not prosecute. I feel if we had a federally controlled board where couples could complain of black market procedures, then the people would come forward. They would come forward because they would know that there would be prosecutions.

I also feel very strongly that we should have a Federal tax deduction for all adoptions. Many people are penalized because they cannot afford adoptions.

Senator **Mondale**. Thank you very much for your statement.

Unfortunately I have to leave in about an hour.

Mrs. Lesser, I have read your statement, and it will be included in the record in its entirety at the conclusion of your testimony.

After listening to the testimony today, what factors do you suggest we consider in attempting to deal with this problem?

Mrs. **Lesser**. I have a couple of questions in my mind. I felt the only way to handle this black market situation was to completely get rid of the gray market. I did not see any other way of controlling it, but I also see Sharon's viewpoint of the problems that you can have within agencies.

I have never personally gone through an entire investigation by an agency, but I have heard many stories, and it can be humiliating.

There can be some problem in your family that a particular person in the agency can blow out of proportion. You may have an interfaith marriage, etc.

Right then and there you can either find another agency, or you have to go to a lawyer. So I do not know exactly where it should stand. That is the main problem that has been going through my mind.

Senator **Mondale**. Would you agree that our key consideration should be the child's welfare?

Mrs. **Lesser**. Yes.

Senator **Mondale**. Properly placing a child with a healthy family should be our primary concern.

Mrs. Lesser. I feel through an agency the child will almost always go to parents who are suitable, but most of the adoptive parents I know have not gone through agencies, and I also consider these parents suitable.

Senator Mondale. We just heard from an attorney who claimed his fees strictly related to services rendered, and had nothing to do with profit.

I would like to ask both witnesses whether you thought the fee asked of you reflected simple costs and fees for actual services rendered or a profit from baby selling?

Mrs. Lesser. Personally, in my adoptions?

Senator Mondale. Yes.

Mrs. Lesser. No. I feel that they were legal fees.

Senator Mondale. Were you offered a child for $10,000?

Mrs. Lesser. Yes, we were.

Senator Mondale. Did you take the child in that case?

Mrs. Lesser. No.

Senator Mondale. Did you turn down that child because you felt they were trying to sell you a baby?

Mrs. Lesser. Yes. We told the lawyer just that.

Senator Mondale. That is what your testimony points out.

Mrs. Lesser. Yes.

Senator Mondale. I gather from what you said you would be willing to adopt if the fee were related to the services rendered, but you would not participate in a situation of buying babies.

That is about what you told me?

Mrs. Lesser. Right. I said I would not participate in anything that was illegal. I was willing to give money to the mother if it were legal, but I did not know that it was. The lawyer said this was legal.

Senator Mondale. Did you have this experience, too?

Mrs. Horner. Yes. There were two children that we turned down. They were $10,000, and to me this is selling a child.

Senator Mondale. They asked $10,000 for each child?

Mrs. Horner. Yes.

Senator Mondale. How did they justify that fee?

Mrs. Horner. He said his fee was $5,000, the girl was to receive $3,000, and the rest was medical.

Senator Mondale. So in addition to a service fee for the girl, costs for baby fees and delivery, there was a $5,000 fee to the lawyer?

Mrs. Horner. To the lawyer.

Senator Mondale. Are you associated with an organization of adoptive parents in Philadelphia?

Mrs. Horner. Yes.

Senator Mondale. Have many parents had similar experiences? Are fee requests common?

Mrs. Horner. It is becoming more and more common. That is how we became involved. We were just trying to make a list of reputable lawyers.

Most agencies are not taking names, and we felt if we had a list of good lawyers—but it did not work that way. The more lawyers, the more we called, the more they would tell us right over the phone they wanted between $8,000 and $10,000.

Senator Mondale. Has the fee increased recently?

Mrs. **Horner.** Yes. I have not been directly involved with the black market for the past 6 months. We had a great deal of TV exposure, and I am really of no use in that field now. Almost everybody knows me.

Senator **Mondale.** They cannot use you any more?

Mrs. **Horner.** Right.

Senator **Mondale.** You would say that amount is a typical fee?

Mrs. **Horner.** Yes. I have been involved with the black market, particularly for 4 years now, and it is becoming more and more common.

Mrs. **Lesser.** Another problem I want to bring up is the fact that I personally called the district attorney's office in the county, and the Philadelphia district attorney's office and, as Sharon pointed out, they were not interested.

They said, if you want to go through your own investigation we will then perhaps listen. I am not going to go through my own investigation and stick my neck out that far.

Then I decided I would call the FBI because I felt it was a Federal crime selling babies. They also said they were not interested, and to call the DA's office.

Now, where do you go from there?

Senator **Mondale.** I think that is the responsibility facing this committee—proposing legislation which will protect against this kind of abuse.

I do not see any possible justification for permitting the practice of baby selling.

Our only concern should be the child's welfare—nothing else. Today we have heard testimony from many different parties each with a different point of view and experience. All indicate that this is a serious problem, with incidences of baby selling increasing. Since existing remedies for the problems are inadequate, everyone involved is exploited.

Your testimony and your courage in coming forth will help the committee a great deal.

Thank you very much.

[The prepared statement of Mrs. Lesser follows:]

Testimony of Mr. and Mrs. Alan B. Lesser
Audubon, Pennsylvania

An account similar to the following was delivered to a judge in his chamber at a Pennsylvania county court house in December, 1973.

Recently, a neighbor called me to let me know of an adoptable baby due to be born in January, 1974. This neighbor had been over a friend's house and overheard a conversation between the friend and her lawyer husband idicating that the couple planning to take this baby, could not do so. My neighbor told her friend that we would probably be interested in the baby.

I told my neighbor in the first conversation with her that I was most anxious to adopt this child and that she could give her friend's lawyer husband my name and number. But I also told my neighbor to let this lawyer know that he was not to call me unless he was going to offer me the child for a legal fee. She asked me what would be legal and I told her that over $750 for the legal fee was illegal. Beyond that, I expected to pay for medical bills for the mother and baby, and hospital stay for both. I realized that I might also have to pick up the baby and pay the travel costs if the infant were from out of state. All total, it wouldn't cost more than $3,000, unless, of course, there were very large medical bills and the baby was from very far away.

My neighbor said she would give the lawyer my name and information on how much I would be willing to pay for the adoption.

The next day my neighbor called me back to tell me that the lawyer wanted "much, much, more" so that he would not bother calling me.

October 31, 1973, I saw my neighbor and she told me that the baby(still unborn) still did not have adoptive parents picked out for it. I suggested that she let the laywer know that we would still like to have the baby for this legal fee and to call me if he couldn't find adoptive parents under his conditions.

My neighbor called me again around 9:00 AM, November 2, 1973, to tell me that her friend's lawyer husband would be calling me that morning to offer me the baby, which had been born two months premature. She told me that the baby was otherwise in good health. I asked her whether she told him we would only pay a legal fee, and she said "yes." I then assumed that if the child was truly in good health, we now had a new baby girl. I felt that at this point, he would not ask an outrageous fee.

I was understandably excited and called my husband to tell him that we were going to be offered a little girl. I nervously waited for the lawyer to call me. About 10:45 the lawyer friend of my neighbor called. He told me that he was only the associate of the lawyer that was handling this adoption. He was calling me because he knew I was probably on pins and needles. He told me that it was a breech birth and some other medical information neither of us understood. I reminded him that I would only pay what was legal.

He explained that the mother wanted money. I asked if this way legal and he said he didn't know. He is a new lawyer and didn't know anything about it. When his associate got back into the office, he would call me.

When the lawyer called me, I told him that his associate had told me some things about the baby. After a silence, he said it was "my nickel." I thought this was a rude statement for a supposedly dignified lawyer, and certainly out of order for someone who called me. I dismissed it and went on to ask him what the fee for the child would be. He said that the hospital bills would be quite high and that the mother wanted money. I said I would be willing to give the mother some reasonable amount of money if it were legal to do so.

The lawyer than acted as if he were deeply insulted that I would care to think he would do anything illegal. He shouted that he was from a reputable firm, and was certainly not going to take the money and run. He said that plenty of people would like to have this baby.

I said I was only asking if it were legal because I am not a lawyer and I wanted everything to be legal and right. An adoption is a serious business.

I said it sounds like a woman is selling her baby. The lawyer then said: "What's to stop a woman from selling her baby?" I said I thought it sounded very illegal to me. I then asked him how much the mother wanted. He calmed down to his normal speaking voice and told me, "It's not how much the mother wants. The whole package (deal) is $10,000." I told him we were not interested and hung up the phone.

After this testimony was given to the judge, I gave him some information on this adoptive child that might enable me to track down the child (probably still in the hospital). I wanted to know if there were any chances that I could still have this baby, now about 3 weeks old.

The judge said that he wouldn't want to have anything to do with this adoption if he were me. He left it at that.

As far as the "misconduct" of the lawyer, the judge said he didn't want to handle the situation himself, and that he would turn my report over to the Pennsylvania Bar Association.

I personally felt that my report should have gone, instead, to the district attorney's office for investigation. But the judge said that an investigation was probably out of the question because they just didn't have the manpower.

I personally called the city and county district attorneys' offices and they weren't even interested in listening to me. I then called the FBI thinking that, perhaps, babyselling was a Federal crime and something they might be interested in. They also were not interested and told me to call the DA's of[illegible]

The Disciplinary Board of the Supreme Court of Pennsylvania (Pennsylvania Bar Association) took over the case. It's been over one year now, and to my knowledge nothing has been done to bring people like this lawyer to justice.

I have heard of many, many cases of black market babies, but the adoptive parents are just not willing to give up any information. These people who pay these black market fees perjure themselves in court at the time of adoption, and also make it impossible for those who cannot afford these illegal fees to adopt a baby. It's a very sad situation for the adoptive parent.

But for the black market lawyer, and sometimes, doctor, it is a chance to prey upon the unfortunate souls who have gone through the sad realities of infertility and the inability to adopt through legitimate agencies (due to a shortage of adoptable babies).

SUGGESTED ACTION

After adopting two children through lawyers in the past three years, I can see nothing wrong with the so called "gray market." But I can see no other way of controlling the "black market" lawyer or doctor other than putting an end to both the gray and black market. Adoption, should, I suppose, only be in the hands of authorized agencies only because there is no other way of controlling people who wish to take advantage of the shortage in the market for babies.

Additional Statement of Mrs. Alan B. Lesser,
June 4, 1975

Senators, I would like to call to your attention another loophole in our present adoption laws that further complicates the committee's desire to bring the baby selling market to a halt.

Babies born in the United States are being sold to American adoptive parents with the adoptions being finalized in Mexico. If we choose to recognize these adoptions as legal (or even ignore them), the "black market adoption" will remain a problem to us in this country.

As an example of such an adoption, I would like to tell you the following story:

A friend of mine received a call from a woman who deals in adoptions finalized in Mexico. The woman was not a lawyer. Babies about seven or more months, born in the United States (mostly Florida), are given to American parents for $5,000 - $7,000. The woman explained to my friend that this fee takes care of medical fees, lawyer's fees, as well as the cost of care for these babies since birth. She explains that she waits till they are seven or more months to be sure the natural mother doesn't want the baby back. Travel fees are extra.

The baby is given to the adoptive parents. They then fly down to Mexico to stay there for the twenty-four hour residency requirement. A Mexican lawyer who has already drawn up the papers has them signed by the adoptive parents and then finalized. The adoption is legal in Mexico. Is it legal in the United States? No one knows, and the adoptive parents hope that no one questions it.

You all agree, Senators, that as members of a committee on children and youth, the welfare of the children is of prime concern.

The vast majority of these children go to fine homes, whether the means of adoption is through agencies, the "grey market", or the "black market". The investigations of adoptive parents through agencies somewhat diminishes the chances of a child going into an unfit home. So it should therefore follow that if our prime concern is for the children, we should merely turn over all adoptions to the agencies. Furthermore, the ugly practice of baby selling could easily be stopped at the same time.

But the preceding solution does not take into account the needs and rights of the biological mother and adoptive parents. The biological mother may not wish to go through the humiliation of an agency investigation. She may wish to give up her baby to a relative or place it directly into the hands of people she knows and trusts. And isn't this her right to do so? At the present time, agencies do not handle "relative" and "direct placement" adoptions. Perhaps they should.

"Direct placement" adoptions through lawyers present another loophole that could be used by the "baby seller". Mothers could then sell their babies directly to another party (they claim to know, but in truth do not) without the courts ever knowing about this. This problem could be somewhat remedied by having an agency thoroughly investigate the relationship between the biological mother and the prospective adoptive parents.

What about the rights and needs of the adoptive parents? Can agencies alone meet their needs? At the present time, the answer has to be "No". Religious agencies usually give children up to parents of that particular faith. If you happen to be Jewish, you chances of adopting through a religiously affiliated agency is next to none. The Jewish agency in my area places about two infants per year. They never give couples a child if they already have one.

Agencies in general look down upon mixed marriages. A couple may be denied a child because they cannot get along with their particular social worker who is handling their case. Perhaps the social worker is overly disturbed by something a couple has said during a home visit. No one person in an agency should be the deciding factor as to whether a couple should receive a child.

If agencies are to handle all adoptions some locations of the country will have far more adoptive babies than others. This means, for instance, that a Florida or California couple adopting through their agencies may have a baby in half the time a Pennsylvania couple has to wait. (Florida and California are nice places to go while an unwed mother is waiting for her baby to be born).

There is another solution to the problem of "baby selling" other than turning all adoptions over to agencies. But the following would not completely eliminate the problem.

A national agency with offices all over the country, such as the F. B. I., could be made to investigate all reports of black market adoption. There is always one couple who cannot or would not take a "baby seller" up on his offer -- a couple who is angry enough to report the incident to an investigative agency that will listen and see that the proper action is taken to bring the "baby seller" to justice. When one couple gets results, other angry couples will be more likely to report these "black market" incidents to the proper authorities. Also, in the process of bringing some "baby sellers" to justice, others may be frightened away.

Penalties for selling babies through the "black market" must be stiff. The courts must define "black market" in terms of the limit on the amount of money that can pass hands. Perhaps, as you've mentioned, Senators, some types of laws making it illegal to ship babies or pregnant women across state lines for selling children illegally would further diminish the black market adoption.

My husband and I were extremely pleased to hear of the Senate subcommittee meetings on "black market" adoptions. I have incorporated the thoughts of many of our friends and acquaintances living in New York and New Jersey and Hawaii who have tried to adopt, many with much difficulty.

It is reassuring to all of us that someone is now listening and trying to iron out this problem. My husband and I wish you luck in coming to the proper decisions in a problem that is quite complex. We will be glad to be of any further service in this matter.

Thank you for inviting my husband and I to the hearing.

Senator **Mondale**. The committee stands in recess.

[Whereupon, at 1:30 p.m., the subcommittee recessed, to reconvene at 9:30 a.m., Tuesday, April 29, 1975.]

ADOPTION AND FOSTER CARE, 1975

Babyselling

TUESDAY, APRIL 29, 1975

U.S. Senate,
Subcommittee on Children and Youth of the
Committee on Labor and Public Welfare,
Washington, D.C.

The subcommittee met, pursuant to recess, at 9:40 a.m., in room 6226, Dirksen Senate Office Building, Senator Walter F. Mondale, subcommittee chairman, presiding.

Present: Mondale, Cranston, Laxalt, Stafford, and Randolph.

Senator Mondale. The hearings will come to order. I understand that Senator Cranston has a statement.

Senator Cranston. Thank you, Mr. Chairman.

I want to congratulate you for calling these hearings on the immensely important issue of adoption practices in the United States.

The hearings of yesterday and this morning will be helpful in pointing out the consequences of our failure to eliminate barriers to adoption of children between individual jurisdictions in our Nation.

I am pleased that these hearings are only the beginning of a series of explorations to be undertaken by the Subcommittee on Children and Youth into the subject of adoption and foster care in America.

I look forward to working with you Senator Mondale on the legislation, that we are introducing today, the "Opportunities for Adoption Act of 1975," and on forthcoming hearings.

For the benefit of those taking part in this morning's hearings, I would like to highlight briefly the features of our bill, which also will be cosponsored by the chairman of the full Labor and Public Welfare Committee, Senator Williams, our ranking majority member, Senator Jennings Randolph, and our new minority member, Senator Paul Laxalt.

Among the provisions of the proposed bill are those which would: No. 1, set up a "Committee on Uniform Adoption Regulations" to review existing State adoption laws and practices, within the Department of Health, Education, and Welfare, and those which propose uniform regulations in order to remove barriers to interstate adoption; No. 2, provide States with Federal grants to help agencies assist adoptive parents in meeting the cost of rearing children with special needs, and to assist in meeting the cost of locating and freeing for adoption children who have been in foster homes or institutions for extended periods of time.

This adoption subsidy assistance would also help people meet the basic costs of placement, the costs of providing required prenatal and postpartum services to mothers who voluntarily place their children for adoption, the costs of counseling children or parents, and the costs of helping parents assume the responsibility of raising adopted children as their own; No. 3, the bill would establish a National Office of Adoption Information and Services in HEW to administer and evaluate the success of the grant assistance programs, coordinate Federal adoption and foster care efforts, and provide for the operation of a national adoption information exchange system.

I believe that one way to start eliminating the abuses of baby selling is to facilitate the permanent placement of children by removing the economic, legal, and other barriers which prompt many well-meaning persons to resort to such ends.

Our bill is designed to remove these barriers.

One closing word, Mr. Chairman. "Operation Babylift" has demonstrated that Americans care deeply about the youngest victims of the Indochina war. That concern presents the occasion for further probing our national conscience regarding the 120,000 young Americans needing adoption today. I am sure we all agree that these children are equally deserving of the same compassion and humanity that our Nation is showing toward the Vietnamese orphans.

Our legislation asks the American people to open their hearts and homes to our Nation's orphans with special needs, those who have not been adopted because of their age, race, or mental or physical defects, or because they are in legal limbo.

I am hopeful that we can move the bill through Congress quickly. Its enactment will spell hope to all the youngsters in foster homes or institutions throughout our Nation who are in need of adoption.

Thank you very much.

Senator MONDALE. Thank you very much, Senator Cranston, for a most valuable statement and for your introduction of pioneering legislation which will bring together the many needy children with the healthy families who desperately want children.

We learned from our testimony yesterday that there is huge profit in the baby selling business. We also learned that parents are often frustrated in their efforts to adopt through normal channels which can be filled with delay and bureaucratic redtape. One witness even suggested that agencies prefer to place children in foster homes rather than in permanent adoptive homes.

I am sure that these problems do not permeate the process, but as was mentioned 10 years ago when the Child Welfare League testified on this problem, there is a crisis in the way adoptions are handled.

I think the fact that we support a welfare system encourages foster placement rather than permanent adoptions. Perhaps a comparable grant of money directly to adopting families would encourage and allow the adoption of children with special problems.

There is tremendous expense involved in adopting a crippled or emotionally troubled child. Maybe it would make more sense to help families who adopt these children bear the expenses rather than encourage temporary and institutional solutions in caring for these children. This is one of the many problems raised by these hearings that I hope we can solve.

I think we have an interesting cross-section of talent and experience on this committee—Senator Laxalt and Senator Taft have had a great deal of experience in this field—to help us draft a bill that can help deal with this problem.

Our first witness is Mr. Richard Moss, assistant district attorney, Los Angeles, Calif.

STATEMENT OF RICHARD ALAN MOSS, DEPUTY DISTRICT ATTORNEY, LOS ANGELES COUNTY, CALIF.

Mr. Moss. Thank you, Senators.

As the first part of my testimony, I would like to read this prepared statement which I am reading on behalf of Mr. Joseph Busch, who is district attorney of Los Angeles County, if that is agreeable.

Baby selling is a prevalent and growing problem of our contemporary society.

While the desire to be a parent has always presented a demand to adopt newborn infants, this need has become increasingly desperate in the face of widespread use of birth control measures, more liberalized attitudes toward unmarried mothers keeping their children, and the legalization of abortions.

Since the supply of adoptable newborn infants is so drastically small in comparison to the demand, interested parties will seek out any possible source.

The baby seller exploits these people who wish to adopt by finding adoptable children and charging as much as possible. The key to developing any black market baby organization is the ability to generate contacts with pregnant women. When found, the natural mother will be persuaded by a variety of inducements to relinquish her child to the couple designated by the baby seller. Once a child has been reduced to a commodity, the price tag escalates as the supply continues to diminish. Today, fees of $25,000 are not uncommon.

By eliminating long waiting periods to obtain an infant, dispensing with involved screening procedures, and manipulating the requisite legal procedures, the baby broker furnishes a service for the privileged few who can pay $10,000 or more to fulfill their desires.

The controlling criteria of these profiteers is the amount of money the adopting parents are willing to pay. Other considerations receive perfunctory attention.

When a prospective adopting couple presents an adoption petition in the home State for a child already in their custody, the inquiry made by local authorities would tend to be less detailed.

The child has, in fact, already been placed and the examination would focus on whether the couple is unsuitable rather than how desirable they are. Our prosecution substantiated the fact that most people who seek out a baby seller are middle aged.

Study of this multifaceted issue results in a conclusion: There is a loosely connected nationwide network of persons engaged in baby selling who mutually exchange children from one State with adopting parents from another.

The very character of these adoptions seems to depend on the interstate transportation of children for the purpose of adoption. The natural mothers remain geographically separate from the adopting parents and ignorant of the exorbitant fees.

Senator **Mondale.** Most of yesterday's testimony confirmed the fact that expectant mothers often travel to different States and a large proportion of the babies are adopted outside the State in which they are born. Why is that?

Because there is a "smell" of illegality about the adoption and interstate movement reduces the chances of detection and prosecution?

Mr. **Moss.** I think that the chances of detection and prosecution are diminished. They take advantage of gaps in State laws of both the sending and receiving State. Available evidence is most difficult to marshal by agencies which are not equipped to operate beyond their territorial limits.

Basically, those are the reasons, though there is an apology given by the baby seller that he is seeking parents out of State so that the eventuality of siblings meetings in the future, falling in love, and getting married, will be diminished.

I do not find that particularly persuasive, and that is the only excuse that I have heard given.

Investigations, both as to the propriety of each specific adoption and the possibility of criminal violations, are logistically difficult. Distance, divergent jurisdictions, fictitious residences, questionable affivadits, fear and reluctance to cooperate by the adopting couples, the absence of Federal regulation, and legal loopholes all operate together to permit an environment in which this kind of activity flourishes.

All of those factors that I mentioned were elements that I found in the course of prosecuting the case that has just ended.

People versus Ronald Silverton and other defendants represents an indictment of five individuals on 14 counts of criminal conspiracy and related illegal adoption practices.

That case recently culminated in a 2-month trial. All five defendants have sustained one or more criminal convictions.

As an update on that, there are 10 remaining charges, 6 of them felonies and 4 of them misdemeanors, on which Mr. Ronald Silverton was tried in a 2-month trial. A mistrial was announced yesterday morning. The jury, after deliberating 13 days, was unable to reach a verdict on any of those 10 counts. They had acquitted Mr. Silverton on two misdemeanors and convicted him on two misdemeanors, relating to illegal adoption practices.

There was a majority of the jury who felt that he should have been convicted, on counts from 11 to 1 for guilty down to 7 to 5 for guilty.

The case was reset for trial in the middle of June of this year.

Within the framework of an organization known as "Save A Life Adoption Service," Ronald Silverton, with the assistance of his codefendants and other persons, developed contacts with pregnant women, sold babies for $10,000, or more, induced expectant mothers to place their child for adoption by paying the sums of money and prepared falsified documents which were presented to the court witnessing the consent to adoption forms.

The scope of the "Save A Life Adoption Service" included contact with various States and foreign countries. Among the States involved were California, Oregon, Arizona, Utah, Arkansas, Massachusetts, New York, New Jersey, Florida, and Louisiana.

Evidence obtained also indicated connections with Canada, Mexico, England, Ireland, Denmark, Yugoslavia, Spain, and a number of Caribbean Islands.

Silverton, the primary defendant in the prosecution, is a convicted felon and suspended attorney who devised the idea of a baby selling scheme while in State prison.

After his release, he sought to establish a constant supply of nondefective newborn Caucasian infants. That was the focus of his attention.

To develop contacts, he went to welfare organizations, abortion clinics, and planned parenthood associations, where he offered the employees kickback fees of $500 to $1,000 as an incentive for making an introduction. In one instance, he even proposed a free baby for five referrals.

Similarly, he approached obstetricians and induced cooperation by offering a sum of money in excess of their set medical charges. At least one person was hired to approach visibly pregnant girls on the street and give them a pitch as to the benefits of Save a Life Adoption Service.

Advertising in the personal columns of newspapers was another means utilized to promulgate his idea.

Evidence of paid baby making and incentives to get pregnant were uncovered during the course of the investigation as well as efforts to promote new sources of supply of foreign nations.

I might add at this stage that the investigation was actually generated from three sources. One was the State of Utah making a complaint to the California Department of Health. A second one was from Superior Court judges of California in Los Angeles County, and a third was from reputable attorneys who are engaged in private placement adoptions.

Premiums to get pregnant, subsidization during confinement, and bonuses upon delivery have been offered.

In the initial phase of the operation, the pregnant girls were offered an expense-free vacation at a hotel in the Caribbean, with a guaranteed return bankroll of $3,000. This was presumably a salary for token light housework.

While Silverton had made claims of such completed arrangements, none were actually uncovered. On the witness stand, he conceded, although he said he had made them, that none were, in fact, ever made and he never had any plans of making them when he made such specific offers.

Later, the propositions became more modest—maintenance up to $1,000, doctor costs, and hospital bills. The object was to maximize profits which were projected to exceed $3.3 million in the first 2 years of operation. This was after absorbing a deficit running expense for the first 6 months.

This information was the result of seizing a profit projecting which was found on a search warrant from his offices which he maintained at his house.

At no time did Silverton or his cohorts obtain any license to run a homefinding agency which, under California law, would have to be nonprofit. Instead, there was an attempt to run this service under the fiction that it was merely an alternative by which the natural mother was making the choice of adoptive parents, and hence within the ambit of a lawful private placement adoption.

There were three completed acts of baby selling by Save a Life Adoption Service. Each of these were for $10,000 apiece and involved the interstate transfer of children.

In addition, there was a sale at $11,000 to undercover officers assuming the identities of a couple who had actually made the preliminary arrangements.

There were two other offers to sell babies, one at $10,000, and the other at $15,000.

Both of these overtures specified that the children would be turned over to the California couples outside our State.

In total, various documents seized on a search warrant reflected an established price range from $10,000 to $20,000, depending on the couple involved.

Senator LAXALT. Were all these various allegations the subject of the indictment that was recently tried?

Mr. MOSS. Every one except the attempted sale at $11,000 to the undercover officers.

Senator LAXALT. Were these all conceded by the defendant during the course of the trial?

Mr. MOSS. They were conceded as to the amount, that he received the money.

The question was, he characterized his fee as a referral fee or a finder's fee, and it was not a sale price.

The contention of the prosecution was that it was for the sale of the child. But it was not in this view that the money was paid.

The money was always paid in cash and was always paid without a receipt.

Senator LAXALT. The thrust of the trial was whether or not, in fact, babies were being sold?

Mr. MOSS. Yes.

Senator LAXALT. This was, I gather, a paramount issue in the trial?

Mr. MOSS. Paramount issue as it pertained to the penal statutes of California which were involved, which do not specify baby selling and do not characterize it as such.

We used a broad statute which, in effect, says that if you receive money or anything of value in consideration of placing or causing to be placed a person under the power or control of another, you have violated the statute.

However, that originally was envisioned as a slavery statute, and that is the only penal tool that specifically met our problem and, we felt, applied, and we have used it. We had gotten past all legal motions in any case.

Senator LAXALT. What is your fee situation with respect to fees awarded to attorneys or others in connection with services rendered for adoption?

Is it on a reasonable fee basis or are you on a schedule?

Mr. MOSS. I believe it is reasonable fee basis, and I believe the fees today go up to around $850, or might even be more. I have not checked in the last few months.

Senator LAXALT. This is custom on the part of the judges?

Mr. Moss. I am talking about Los Angeles County. I would imagine that some of the other counties might be somewhat lower.

Senator Laxalt. Separate and aside from adoption proceedings, are there fees allowed in connection with services rendered for placement?

Mr. Moss. There is established, I think it is $500, by the agencies which are licensed by the State, which can be waived or reduced, depending on the couple.

Senator Laxalt. And if a private person assists in that placement, it is not exclusive in California, is it, that an agency has to handle the details of the adoption or the placement?

Mr. Moss. No. Private placements are lawful. However, it is our position that in a private placement adoption, an attorney can get a fee for his legal services rendered in connection with the adoption, but not for the actual finding of the home.

Senator Laxalt. Or for services rendered in connection with the placement, is that true?

Mr. Moss. Yes.

Senator Laxalt. But that is precluded and prohibited by California law?

Mr. Moss. That is the position of my county, yes.

In the instances of completed transfers, the natural mothers were kept ignorant of the fees charged by Silverton. Thus, consent forms contained false statements and were fraudulently obtained.

In these cases, the mothers were led to believe that the fees paid by the adopting parents were either nonexistent or marginal. Let me expound on that.

The consent forms that I am talking about are forms that were presented to a Los Angeles judge to witness. They were forms which were, in effect, New York forms for a New York adoption.

Under the paragraph where it said, "List any of the costs direct or indirect which were associated with this placement," the word "Nothing" was put in when, in fact, it had been $10,000.

Also, in the body of the affidavit by the natural mother were misstatements in effect showing that the adopting parents had been put in contact with the natural mother by an attorney. In fact, the attorney was simply a go-between that Silverton employed and used, and nobody knew the lawyer except Silverton. And he had made the connection.

This was done to obviate his participation in the adoption procedure.

The judge who testified knew of Silverton and, of course, if his name appeared anywhere in the document, he would have caused investigation.

Senator Laxalt. This seems to be a typical pattern, and it has gotten through the criminal mill, so to speak.

Was there any agency participation in any step of this process, or was it handled on a wholly private basis?

Mr. Moss. No. That is one of the problems which existed before the interstate compact.

When you have an interstate private placement, there was no study done by local adoption authorities which determined the suitability of the out-of-State parents. It was left up to trust and good will that when adopting parents, after receiving the child in California, went to their home State, that they would there launch or cause to be launched a necessary investigation.

Senator LAXALT. What investigation, if any, was made by the court in connection with the adoption proceedings per se?

Mr. MOSS. At that time, nothing.

Senator LAXALT. Nothing?

Mr. MOSS. Other than witnessing the voluntariness of the consent to adopt and the voluntariness of the waiver of appearance at the domicile State where the adoption was to take place.

Senator LAXALT. Was there any inquiry whatsoever on the part of the court or anybody else in connection with financial details of the transaction?

Mr. MOSS. Yes.

In effect, the judge asked about the form that was before him, is this true to their knowledge and, of course, the natural mother who was in the judge's chambers with her parents, the mother was a minor, had no knowledge of the fee. To them it was a valid and truthful document.

It had been prepared by Silverton, which he had admitted he prepared. He indicated he had prepared it under the direction of a New York attorney, who told him that it was perfectly all right to omit the finder's fee in that form.

Senator LAXALT. What you are telling me then, is that on this level, at least, there was not the type of investigation of the financial details that there might have been for whatever reason?

Mr. MOSS. There was no provision in law at that time for any kind of investigation in an interstate adoption. So the judge would have been functioning outside the scope of his position by doing anything other than certifying the signatures of the natural mother, unless he found something irregular.

Senator LAXALT. Wouldn't this type of investigation be within the jurisdiction of the judge who is required to examine all details concerning adoption, including provision for maintenance of the natural mother during the period in which the child was being born?

Mr. MOSS. Had there been such payments, in such case there were no maintenance payments to the natural mother, and had it been on the form, or had the mother said that she had received it, yes, he could have investigated. But, on the face of these documents, there was nothing paid to anybody in connection with this adoption. All the judge was doing was certifying the voluntariness of the documents. He did not feel that he could go any further unless he saw some patent irregularity on the face of it, or unless there was something that the parents said, or natural parents said to him at the time which would have caused him to investigate.

That is somewhat changed by the interstate compact which went into effect in California, although I do not think it really significantly changes it. Some difficulties encountered in prosecuting a black market baby seller on a State level engaged in the interstate transport of infants for the purpose of adoption are the following:

1. Lack of investigative authority and machinery necessary to transcend extraterritorial boundaries.
2. Absence of any permanent governmental records preserved in sending States.

Some change has been made in California since the interstate compact. But, up to that time, and for the period in question in our prosecution, there was no permanent records maintained in California as to anything regarding an interstate adoption taking place outside of our State.

3. Inability to gain access to the adoption records maintained by receiving States. We had difficulty securing some adoption records which came up in our case from our own adoption agency because of the confidential nature of the records.

4. Cumbersome procedures required by compelling attendance of out-of-State witnesses in criminal prosecutions.

5. Jurisdictional limitations on the power of subpenaing records.

6. Nonuniform regulations pertaining to interstate adoption procedures.

The Interstate Compact on the Placement of Children furnishes only a partial remedy.

By its terms, bringing a child into a receiving State is not permitted until written notice containing the identities of the parties and a statement of reasons are transmitted by the sending State to the receiving State which then must approve the proposed placement in advance of allowing the release.

Senator LAXALT. Sends to whom in that situation? What are the agencies involved? Is this court to court?

Mr. MOSS. I believe it is court to court. I am not too familiar with it. It just went into effect, and I have been busy in a prosecution during this year.

Thus, this act, in cooperating jurisdictions, does institute a record-keeping system and determination of parental suitability before the child is permitted to enter the receiving State. Other than these two controls, little is accomplished.

The following points seem not to be covered by this legislation:

1. Custody without an investigation can be transferred as long as the child is not sent into another signator State until approval is obtained.

Senator LAXALT. Transferred to whom?

Mr. MOSS. That means the natural mother can deliver custody to the proposed parents as long as the proposed parents did not then take the child back to their home State.

The act does not say that placement shall not be effected. The act says the child shall not be sent. There is a distinct difference, and I am sure any baby seller would latch on to that immediately and try to get around it.

2. The act has no application to nonsubscribing States.

3. The law does not regulate placements to subscriber States from nonsubscribing States nor vice versa.

The classical example is that New York was a subscribing State at a time when California was not, and the baby sales in our case involved the State of New York.

At least in one case, the parents came from New York, and in the other case, a residency was set up for the parents in New York. They were actually from New Jersey.

Senator STAFFORD. Mr. Moss, how many States have subscribed so far?

Mr. MOSS. I really do not know.

4. Foreign countries, except Canada, cannot join as co-participants.

In line with that, it would seem to me there was a concerted effort, at least by Mr. Silverton, prior to our stopping his activity, to try to develop contact with European countries to get pregnant girls to come to the United States or another place, perhaps the Caribbean Islands, where they would deliver a child, and the adopting parents would fly in from the United States, pick up the child and then return home.

I believe that there was a similar incident in 1965 in New York involving the adoption of Greek children, which occurred in Manhattan, and there was a reported decision on that.

Senator LAXALT. On that point, separate and aside from the brokering aspects, but from the social standpoint, is there anything inherently wrong in that type of practice in these European youngsters being placed here, if they are healthy youngsters?

Mr. MOSS. As long as they are healthy and as long as there has been an adequate suitability study done of the adopting parents prior to the time they received custody, I could see no objection.

Unfortunately, there do not seem to be any controls.

Again you are faced with a situation where the parents have custody when they come into an adopting State, and adopting States focus on whether or not the parents are unsuitable, not how appropriate they are, which I think is the wrong criteria that should be used.

Senator LAXALT. But that is just a malfunction on the part of the judicial procedure, is it not?

It is certainly within the power of the judge who is hearing the proceedings——

Mr. MOSS. I would not see how the judge can require the parents, before picking up the child, to go through a suitability study in the absence of any law to implement that decisionmaking power.

If the petition has not been filed yet, the judge has no jurisdiction.

Senator LAXALT. Obviously, once custody has been transferred and you move into that area, I can see that.

Mr. MOSS. I think the judge would be very reluctant to take custody away from a couple unless they were truly unsuitable.

That does not mean to say that they were the most suitable people that could be found for the child.

5. There is no prohibition against profit motivated organizations engaging in adoption activity.

6. There are no provisions to check, control, or eliminate the amount of character of finders' fees, referral charges, or adoption costs.

7. There is no disclosure requirement that all direct or indirect costs, fees and charges requested, paid, or agreed upon be revealed in any of the specified documentation.

It is my opinion that this compact will not reduce or control baby selling. The procedures drafted into that law can be readily evaded.

I suggest that any plan of proposed Federal legislation should establish replacement suitability investigations, scrutinize placements to and from foreign countries, prohibit all profit motivated fees associated with interstate and international adoptions, and require disclosure of all costs pertaining to adoptions.

The problems engendered by this activity can be effectively regulated by comprehensive Federal legislation, and I would recommend such legislation.

Senator MONDALE. Thank you very much, Mr. Moss, for a very fine statement.

Do you have any doubt that baby selling is going on in America?

Mr. MOSS. None whatsoever.

Senator MONDALE. How do you define baby selling?

Mr. MOSS. I define baby selling as being any time a fee, a charge, a finder's fee, or referral fee, is paid in order to obtain control or custody of a child.

Senator MONDALE. In your opinion, how widespread is this practice? How much is being charged and is the practice increasing or decreasing?

Mr. MOSS. I feel that it is growing. Admittedly, my vantage is more or less limited to my prosecution and the investigation and study that I had to do for it.

However, the character of that particular case really indicates that Mr. Silverton had developed contacts, had the phone numbers and names of attorneys in virtually every State in the country and that he had forms from States other than California.

I believe there were Massachusetts forms. There were New York forms, of course. There were Florida forms.

He had the names of a number of individuals as prospective parents.

And I feel that, in total, he also mentioned Alaska, he had developed contacts in Canada with a doctor from which he had gotten one natural mother who provided a child was placed for $10,000. I feel that this is a very lucrative field for anyone who does not have the ethics to stay out of it, and that it will grow.

I have had numerous inquiries from attorneys and other sources just in Los Angeles County who are desirous of getting into the field and who believe, like Silverton perhaps, or at least as he said he believed, that no law in California prohibits such a finder's fee.

And even in the face of the fact that he has been prosecuted, they were looking to see what the outcome of the prosecution is and whether or not he gets convicted of a felony.

If it remains a misdemeanor, as I have seen in the past, a misdemeanor conviction can be looked at as a cost of doing business. There is little likelihood of their ever going to jail. They will perhaps have to go to trial and pay a fine.

As such, those costs can be readily absorbed in this kind of enterprise.

Senator MONDALE. It might turn out to be good advertising?

Mr. MOSS. It might very well.

However, by closing one's eyes to a problem, I do not think it goes away. This problem surfaced without us looking for it. It was drawn to our attention, as I said, by Utah, by a judge of our court, and by attorneys who are responsible in the field.

Senator MONDALE. What have you found to be the average fee charged for selling babies?

Mr. MOSS. The fees that I know of in my cases, were $10,000 and $11,000.

Silverton had a ledger of offers that he had made, some at $12,500, one to Mexico at $20,000, and one at $20,000 for twins.

I have heard substantiated facts about $25,000 as the going rate in the State of New York. And I have also heard recently rumors, but nothing that has been substantiated, that in Los Angeles there are some activities going on at $25,000.

Senator MONDALE. Now, this ledger to which you refer, was that a list of offers that he had made to prospective adopting parents?

Mr. MOSS. Yes.

It was a compilation of other sheets. Silverton, when he got full information on a set of parents, would put down their age, religion, occupation, various other vital statistics on them. Their names would be at the top.

One of the sheets had a compilation of the names, and then the price he had quoted to them, and then the attorney that was involved who had referred the particular couple.

Senator MONDALE. What kind of volume was he doing?

How many babies were being sold?

Mr. MOSS. I think we got him before he really got in full swing.

As I say, he only placed three babies. There were two other offers at the time. Fortunately, one of the offers was tape recorded, and that was another count. That was an offer to sell. That was not a completed count.

Senator MONDALE. He had been disbarred?

Mr. MOSS. He has been suspended. He is awaiting disbarment.

The Supreme Court of California has not acted yet on this activity.

Senator LAXALT. For this activity?

Mr. MOSS. No.

He was convicted of conspiracy to cheat and defraud and solicitation of grand theft in an unrelated prosecution.

Senator MONDALE. In each of these instances, there was a lawyer involved, is that right?

Mr. MOSS. Yes.

Senator MONDALE. And who was that lawyer?

Mr. MOSS. Excuse me. Let me revise that.

In the Canadian situation, there was no lawyer involved, and in the Mexico referral, to my knowledge, there was no lawyer. It was Silverton in Canada approaching a doctor in Canada who was a friend of a doctor that Silverton had contact with in Los Angeles.

In Mexico, there was no indication of a lawyer.

Senator MONDALE. Of the three children, then, that he placed, one was for parents in Canada, one for parents in Mexico——

Mr. MOSS. No.

It was the natural mother who came from Canada, gave birth in Massachusetts, and there is some question as to whether the adopting parents were one set who came from Massachusetts or another set who came from New York.

Senator MONDALE. You had three babies who were placed?

Mr. MOSS. Yes.

Senator MONDALE. Tell me, in each case, where the mother was from, where the baby was delivered, and where the adopting parents are.

Mr. MOSS. In the first case, which occurred in October 1973, the natural mother came from Los Angeles. Adopting parents lived in New Jersey, and had established, or at least as far as New York was concerned, and as far as the lawyer in New York, had established a residency at the husband's mother's house in New York.

In the second instance, the natural mother came from Los Angeles. The adopting parents came from Nassau County, N.Y.

And in the third instance, the natural mother came from Canada. She gave birth in Massachusetts, and we have a question in our own minds whether it was one set or another set who adopted the child. Silverton claims that it was one, and I am not sure to accept his word—he claims it was a New York couple, and I am not sure of that.

Now, in the attempted sale, where actually money was delivered to a go-between in Palm Springs, which was not part of our case but which occurred in July of last year, after our indictment, the adopting parents came from Utah, and the natural mother came from Palm Springs, Calif.

Senator MONDALE. Did you interview any of the adopting parents?

Mr. MOSS. Yes.

We presented two adopting parents as witnesses in our case, a wife from New Jersey in one situation, and a husband in the New York area in the other. We did not have enough information to proceed on the Canada-Massachusetts-New York episode.

In fact, we were not completely aware of it until Silverton took the stand on cross-examination.

There is another dimension to this problem which I think I should bring to the attention of this hearing.

There is evidence that was obtained of the possibility of baby making as a source of supply, which presents another separate dimension.

As such, I have been unable to find any State law of California which is violated strictly by the act of baby making. In other words, paying somebody to have a baby for the purpose of adoption.

Senator LAXALT. Do you have evidence of this?

Mr. MOSS. In our case, there were three separate areas of evidence that indicated that.

If you would like, I can indicate what they are.

Senfaor LAXALT. We tried to develop this yesterday, but we did not develop any specific evidence on this point.

Mr. MOSS. In one there was a photocopy of a letter which went to a woman in Yugosalvia, or indicated it went to a woman in Yugoslavia, and in the letter it said that upon the woman becoming pregnant that Silverton would pay her 1,000 dinars, and if she was already pregnant, he would give her a thousand dinars.

That was the initial payment. He would then transport her to another country. After she gave birth, she would receive 10,000 dinars. I believe there are 16 dinars to a dollar, although I am not sure on that.

Senator MONDALE. In every instance, the babies were adopted by parents residing outside California?

Mr. MOSS. Yes.

The two instances of offers were to California couples to obtain children outside of California.

If you want the other two instances of baby making——

Senator LAXALT. I do not think so, but perhaps you could furnish that to us after the hearing.

Senator MONDALE. Senator Stafford.

Senator STAFFORD. Thank you, Mr. Chairman.

I will ask just two questions of Mr. Moss.

One of the witnesses who was scheduled to follow you makes this statement:

> There is virtually no incidence of baby selling or illegal adoption practices within California.

I gather you would not, from your testimony, agree with that statement?

Mr. MOSS. After having lived with this problem now for a year, I cannot agree with it.

Senator STAFFORD. And subsequently, in the same statement, the witness says:

> The interstate compact on placement of children is an effective solution.

I gather that, in your opinion, it would only be a partially effective solution, if any solution at all, is that correct?

Mr. MOSS. That is correct.

I think it is a stab in the right direction, but any person bent on baby selling can avoid its application.

Senator STAFFORD. Thank you very much.

Thank you, Mr. Chairman.

Senator MONDALE. Senator Laxalt.

Senator LAXALT. When you speak of a finder's fee situation, who is the finder in the situation?

Mr. MOSS. The baby seller.

Senator LAXALT. And who pays the fee ordinarily?

Mr. MOSS. The adopting parents.

Senator LAXALT. Now, the fee is a gross figure, is it not, including within it the expenses of maintenance of the mother?

Mr. MOSS. It includes the maintenance, if any, to the mother, yes.

Bear in mind that in our instances of completed baby selling, the two that were involved in our case, no maintenance was paid. In both situations, the mothers did not get maintenance.

Senator LAXALT. Did they take care of that themselves?

Mr. MOSS. Yes. They did not want it.

Their concern was the welfare of the child.

Senator LAXALT. Did you have any indications whether the mothers were paid a fee for the sale of the child?

Mr. MOSS. There was an indication that there was a possibility.

Senator LAXALT. What I am getting at is this, that it obviously takes at least two parties to firm up this transaction.

Do you see any sanctions at all on the part of the people who pay the finder's fee, the adoptive parents?

Mr. MOSS. Technically, they are as guilty under our law as the baby seller. We had to grant them immunity, which then presented questions that they are an accomplice as a matter of law, and under California law, which differs from Federal law, we must, as a matter of proof, have independent corroboration of their testimony.

Senator LAXALT. How do you feel about it from the standpoint of just sheer social justice?

Mr. MOSS. I feel that they are more victims of the process than anything else. They have a desperate need to be a parent.

They realize that the waits are 3 to 5 years. I believe they are up to 5 years today. They want it so desperately, and they have the money and feel they are willing to pay it, and go to any ends, as long as they can effect a lawful adoption. They are told they can get a lawful adoption, and in our cases they were able to get a lawful adoption.

Whether or not that is susceptible to attack is a separate question. I feel they are more victims and are exploited, although technically they have violated the law.

Senator LAXALT. You observed in your statement that the majority of the people who are engaged in this in the adoption parent side are middle aged, or did I misread that in the statement?

Mr. MOSS. The two couples who completed adoptions were middle aged. They were into their 40's.

Senator LAXALT. Getting back to the judges—and personally I think this is the solution to the problem in interstate transportation, more intense inquiry at the time of the adoption proceeding—but getting back to the judges, when you have before you petitioning the court middle-aged parents who are obviously affluent with a climate apparently that exists in Los Angeles County in connection with baby selling, would that not raise a flag for a judge ordinarily?

Mr. MOSS. Well, in Los Angeles, I feel that baby selling would not take place in a wholly in-State adoption.

We have forms which are required and studies that are done, which, unless fraudulently prepared—well, our forms do specify in private placement that you must list the fees that are paid. So that any adoption that takes place, actually in Los Angeles County, would have that there.

However, if the fee is paid outside of California and it is not put on the form, or if the placement is, in fact, made in California and the adoption takes place outside of California, there is no control that our courts have.

Senator LAXALT. This is where you feel the compact does not do the job?

Mr. MOSS. That is correct.

Senator LAXALT. I have nothing more.

I think you have been an excellent witness.

Senator Cranston.

Senator CRANSTON. I have no questions.

[The prepared statement of Mr. Busch as presented by Mr. Moss follows:]

STATEMENT OF
JOSEPH P. BUSCH
DISTRICT ATTORNEY
LOS ANGELES COUNTY, CALIFORNIA

Presented by:

Richard Alan Moss
Deputy District Attorney

April 29, 1975

I. NATURE OF PROBLEM

Baby selling is a prevalent and growing problem of our contemporary society. While the desire to be a parent has always presented a demand to adopt newborn infants, this need has become increasingly desperate in face of widespread use of birth control measures, more liberalized attitudes toward unmarried mothers keeping their children, and the legalization of abortions. Since the supply of adoptable newborn infants is so drastically small in comparison to the demand, interested persons will seek out any possible source. The baby seller exploits these people who wish to adopt by finding adoptable children and charging as much as possible. The key to developing any black market baby organization is the ability to generate contacts with pregnant women. When found, the natural mother will be persuaded by a variety of inducements to relinquish her child to the couple designated by the baby seller. Once a child has been reduced to a commodity the price tag escalates as the supply continues to diminish. Today, fees of $25,000.00 are not uncommon.

By eliminating long waiting periods to obtain an infant, dispensing with involved screening procedures, and manipulating the requisite legal procedures, the baby broker furnishes a service for the privileged few who can pay $10,000.00 or more to fulfill their desires. The controlling criteria of these profiteers is the amount of money the adopting parents are willing to pay. Other considerations receive perfunctory attention.

When a prospective adoptive couple presents an adoption petition in the home state for a child already in their custody, the inquiry made by local authorities would tend to be less detailed. The child has in fact already been placed and the examination would focus on whether the couple is unsuitable rather than how desirable they are. Our prosecution substantiated the fact that most people who seek out a baby seller are middle aged.

Study of this multifaceted issue results in a conclusion: There is a loosely connected nationwide network of persons engaged in baby selling who mutually exchange children from one state with adopting parents from another. The very character of these adoptions seem to depend on the interstate transportation of children for the purpose of adoption. The natural mothers remain geographically separate from the adopting parents and ignorant of the exorbitant fees. Investigations both as to the propriety of each specific adoption and the possibility of criminal violations are logistically difficult. Distance, divergent jurisdictions, fictitious residencies, questionable affidavits, fear and reluctance to cooperate by the adopting couples, the absence of federal regulation, and legal loopholes operate together to permit an environment in which this kind of activity flourishes.

II. SUMMARY OF PROSECUTION

People v. Ronald Silverton, et al, represents an indictment of five individuals on 14 counts of criminal conspiracy and related illegal adoption practices. That case recently culminated in a two-month trial. All five defendants have sustained one or more criminal convictions. Within the framework of an organization known as "Save a Life Adoption Service" Ronald Silverton, with the assistance of his codefendants and other persons, developed contacts with pregnant women, sold babies for $10,000.00 or more, paid expectant mothers sums of money to induce the adoptions, and prepared falsified documents which were presented to the court witnessing the consent to adoption forms.

The scope of the "Save a Life Adoption Service" included contact with various states and foreign countries. Among the states involved were California, Oregon, Arizona, Utah, Arkansas, Massachusetts, New York, New Jersey, Florida, and Louisiana. Evidence obtained also indicated connections with Canada, Mexico, England, Ireland, Denmark, Yugoslavia, Spain, and a number of Caribbean Islands.

Silverton, the primary defendant in the prosecution, is a convicted felon and suspended attorney who conceived the idea of a baby selling scheme while in state prison. After his release he sought to establish a constant supply of nondefective newborn Caucasian infants. To develop contacts, he went to welfare organizations, abortion clinics, and planned parenthood associations where he offered the employees kickback fees of $500.00 to $1,000.00 as an incentive for making an introduction. In one instance he even proposed a free baby for five referrals. Similarly, he approached obstetricians and induced cooperation by offering a sum of money in excess of their set medical charges. At least one person was hired to approach visibly pregnant girls on the street and give them a pitch as to the benefits of "Save a Life Adoption Service." Advertising in the personal columns of newspapers was another means utilized to promulgate this service. Evidence of paid baby making and incentives to get pregnant were uncovered during the course of the investigation as well as efforts to promote new sources of supply in foreign nations. Premiums to get pregnant, subsidization during confinement, and bonuses upon delivery have been offered.

In the initial phase of operation, the pregnant girls were offered an expense-free vacation at a hotel in the Caribbean with a guaranteed return bankroll of $3,000.00. This was presumably a salary for token light housework. While Silverton had made claims of such completed arrangements, none were actually uncovered. Later, the propositions became more modest: maintenance up to $1,000.00, doctor costs, and hospital bills. The object was to maximize profits which were projected to exceed 3.3 million dollars in the first 2 years of operation. This was after absorbing a deficit running expense for the first six months.

At no time did Silverton or his cohorts obtain any license to run a homefinding agency which, under California law, would have to be nonprofit. Instead there was an attempt to run this service under the fiction that it was merely an alternative by which the natural mother was making the choice of adoptive parents, and hence within the ambit of a lawful private placement adoption.

There were three completed acts of babyselling by "Save a Life Adoption Service". Each of these were for $10,000.00 apiece and involved the interstate transfer of children. In addition, there was a sale at $11,000.00 to undercover officers assuming the identities of a couple who had actually made the preliminary arrangements. There were two other offers to sell babies, one at $10,000.00 and the other at $15,000.00. Both of these overtures specified that the children would be turned over to the California couples outside our state. In total, various documents seized on a search warrant reflected an established price range from $10,000.00 to $20,000.00.

In the instances of completed transfers the natural mothers were kept ignorant of the fees charged by Silverton. Thus, consent forms contained false statements and were fraudulently obtained. In these cases, the mothers were led to believe that the fees paid by the adopting parents were either nonexistent or marginal.

III. ADEQUACY OF CURRENT LAW

Some difficulties encountered in prosecuting a black market baby seller engaged in the interstate transport of infants for the purpose of adoption are the following:

1. Lack of investigative authority and machinery necessary to transcend extraterritorial boundaries.
2. Absence of any permanent governmental records preserved in sending states.

3. Inability to gain access to the adoption records maintained by receiving states.
4. Cumbersome procedures required by compelling attendance of out-of-state witnesses in criminal prosecutions.
5. Jurisdictional limitations on the power of subpoenaing records.
6. Non-uniform regulations pertaining to interstate adoption procedures.

The Interstate Compact on the Placement of Children furnishes only a partial remedy. By its terms, bringing a child into a receiving state is not permitted until written notice containing the identities of the parties and a statement of reasons are transmitted by the sending state to the receiving state which then must approve the proposed placement in advance of allowing the release. Thus this Act, in cooperating jurisdictions, does institute a record keeping system and a determination of parental suitability before the child is permitted to enter the receiving state. Other than these two controls, little is accomplished.

The following points are not covered by this legislation;

1. Custody without an investigation can be transferred as long as the child is not sent into another signator state until approval is obtained.
2. The act has no application to nonsubscribing states.
3. The law does not regulate placements to subscriber states from nonsubscribing states nor vice versa.
4. Foreign countries except for Canada cannot join as co-participants.

5. There is no prohibition against profit motivated organizations engaging in adoption activity.
6. There are no provisions to check, control, or eliminate the amount or character of finders' fees, referral charges, or adoption costs.
7. There is no disclosure requirement that all direct or indirect costs, fees and charges requested, paid, or agreed upon be revealed in any of the specified documentation.

It is my opinion that this Compact will not reduce or control baby selling. The procedures drafted into that law can be readily evaded. I suggest that any plan of proposed federal legislation should establish preplacement suitability investigations, scrutinize placements to and from foreign countries, prohibit all profit motivated fees associated with interstate and international adoptions, and require disclosure of all costs pertaining to adoptions. The problems engendered by this activity can be effectively regulated by comprehensive federal legislation.

Senator CRANSTON. Our next witness is the Honorable Brice Oakley, Iowa State Representative from Des Moines, Iowa.

STATEMENT OF HON. BRICE OAKLEY, STATE REPRESENTATIVE FROM THE STATE OF IOWA

Mr. OAKLEY. Mr. Chairman and members of the committee, my name is Brice Oakley.

I have been engaged in the general practice of law in Clinton, Iowa, a community of 35,000, for 12 years. I have placed over 125 children for adoption. Most of these children were newly born.

Prior to my entry into general practice, I served as an Iowa assistant attorney general and was assigned, in part, to the then department of social welfare.

I am appearing today at the request of your committee, in my capacity as a member of the Iowa House of Representatives and coauthor of Iowa proposed Adoption Act of 1975. It has passed the house and is pending debate in the senate.

This bill, which I have supplied to the committee, is the outgrowth of a 1974 interim study committee of the Iowa General Assembly which I chaired. This committee held extensive hearings and dealt in some measure with the issues I understand you have under consideration.

Most of the material we have gathered has been furnished to your staff and need not be detailed here, although I am prepared to amplify it should you desire.

I think I might be of greatest service if I highlighted some of the central issues in adoption as they relate to a dual system of independent placement and licensed agencies; share my experiences as a practitioner who handles adoptions as part of a general practice, a country lawyer, if you will—and I think perhaps the only one appearing before the committee——

Senator MONDALE. We have two or three on the committee.

Mr. OAKLEY [continuing]. Discuss my somewhat limited knowledge of so-called black marketeering in children; and, finally review the conceptual answers in Iowa's proposed law designed to meet the primary objections to private placements.

Private placements have been allowed in Iowa since 1858 in the absence of statutory prohibition. This State first licensed agencies in 1925. Thus, a dual system has existed since then.

The number of all placements has steadily declined since 1970. This has created two pressures: (1) a greater demand for children with the potential for a black market, and (2) a desire by licensed agencies to limit competition in a diminished market.

Testimony received by my committee indicated that there was no evidence of a black marketing in children in Iowa, although charges for services by attorneys, licensed agencies, and medical expenses paid by prospective adoptive parents varied considerably.

Senator MONDALE. What does the comment mean, the desire on the part of the licensed agency to eliminate competition?

Mr. OAKLEY. We found, in the process of our hearings, and I discuss this a litle bit later in my statement, concerning economic pressures that agencies feel as well, and I think we have to observe any system of placement in the context of those pressures, and a little bit later on, I think it might be more helpful, later in my statement to amplify it.

Passage this month by the Iowa House of the study committee's bill, House File 614, represents a conclusive decision to retain a system of choice with far greater supervision of independent placements.

The reasons for such decision are as follows:

(1) There is no evidence of greater success for agency placements over private placements.

(2) It is undesirable to create a monolithic, noncompetition adoption placement approach by only agencies.

(3) Agencies are often white and Christian oriented, indirectly imposing majority culture values upon minority ethnic groups.

(4) Agency adoptions are generally more expensive without being especially financially helpful to the natural mother.

It is my personal opinion that as agencies often furnish a wide variety of social services, adoption is a loser financially although retained by boards of directors as a fundraising tool. I do not mean to imply anything sinister in this regard.

However, agencies are as subject to the laws of economics as are private placers, and it is an ingredient in their decisionmaking process. I will be pleased to be more specific if the committee should so desire.

While the legislature concluded it was desirable to maintain a dual system, there remains the decided climate for abuse, some of which has flourished for years in some other States.

Senator LAXALT. In your experience, and it is extensive, I can tell from your caseload, are their cases when private placement is more desirable than agency placement?

Mr. OAKLEY. I think so. And I think that that has a good deal to do with the feelings of prospective adoptive parents as well as natural parents.

One point, that has not been discussed at your hearings so far concerns the implications of Stanley versus Illinois, the Supreme Court case. There has been consideration for the natural father which I think is an interesting point when we get into the interstate placement as well as intrastate placement.

It concerns me that courts, when presented with proposed decrees, final end of adoption process, in these receiving States, apparently are not examining in any detail the nature of the consents or releases or publications of notice from natural fathers. This means to be a very vulnerable place in the black marketeering of children, because if that has not been done, No. 1, it jeopardizes to a great extent, in my judgment, the security of that placement and, second, provides an opportunity for the court to say, well, so what have you done about the natural father. What about his rights?

Have you published notice? What has the State law provided? How have you conformed with that decision?

I think that greater vigilance on the part of the judge, regardless of what investigations have been done, will be a good opportunity to stop the process right there and back it up.

Senator LAXALT. In your practice have you not found, too, that in highly sensitive situations the natural mother would rather deal with a trusted lawyer or a trusted doctor than risk a breach of confidence by an agency?

Mr. OAKLEY. That is true, although there are very many satisfying experiences with agencies.

Senator LAXALT. I recognize that.

Mr. OAKLEY. But particularly, I think, in areas where I come from, where the family lawyer practices over a somewhat wider geographic area, people do feel some security in coming to that attorney, that is on both sides, natural and adoptive parents. I think it is a matter of choice.

And many people in our State make the choice of going to private placement.

Senator LAXALT. I raised this because yesterday there were intimations that one possible solution was to completely prohibit private placement. And based upon my own experience, I think that such a solution would be unwise.

Mr. OAKLEY. I would concur with that, because I think that the protections we are building in our State law take away the potential for abuse that the committee has heard about, and I might add that during the course of—I suggested in a somewhat offhanded way that it might be appropriate to really deal with the problem, and that would be to eliminate private child placement agencies, independent placement and have, in our instance, the State of Iowa and the department of social services do the entire process.

There was not exactly great joy in reaction to that, but I would suggest it is an alternative for one to think about.

While the legislature concluded it was desirable to maintain a dual system, there remains the decided climate for abuse, some of which has flourished for years in some other States. To prevent such potential abuse, the study committee and Iowa House File 614 has suggested imposition of the following:

(1) A placement cannot be made until the prospective adoptive parents have been preinvestigated by the department of social services or an investigator approved by them.

Again, yesterday, you heard about after the fact, how are you going to take a child away?

We provide for that in our proposed law which, by the way, I think, enjoys very good prospect for passage.

(2) Fees in conjunction with any placement must be usual, necessary, and commensurate with services rendered. The prospective parents are required to file a full financial disclosure with the adoption petition, and criminal penalties are imposed for violations. Those criminal penalties are a misdemeanor of $100 and 30 days in jail, and some consider if we felt abuse was beginning to occur, it might just justify higher penalty.

Likewise, it will be illegal for a natural parent to receive a fee for having a baby.

(3) There must be close court supervision through a mechanism of legal custody at all stages. This prevents the child from being shuffled around extrajudicially.

I would like to close with some general observations which may provoke avenues of discussion.

(1) The regulation of domestic relations, adoptions, and other matters of personal status, have traditionally been and is perhaps constitutionally solely within the purview of State law. (*Ex parte* Burris, 136 U.S. 586, 593, 594 (1890)). In the case of Iowa, this State is showing its ability to establish, on its own volition, comprehensive regulations in this area. However, other States must and probably will follow Iowa's lead as they wrestle with the implications of *Stanley* v. *Illinois*.

(2) A study must be made of State programs involving the alarming number of children in foster care who could be adopted. Senator Cranston's bill, in some measure, looks at this.

We have instructed our Department of Social Services to analyze the situation in which the State terminates parental rights—for abandonment as an example—and declares a child dependent, neglected or delinquent. In this situation, the child often languishes in a foster home that is less adequate than an adoptive home. Of particular interest are cases where inadequate ADC payments have prompted natural parents to place children in foster care where payments are substantially higher.

Senator MONDALE. Stop there a minute.

Mr. OAKLEY. Yes, sir.

Senator MONDALE. What you are saying—at least what I heard you say, is that welfare agencies have a tendency to place children under foster care rather than with families for adoption?

Mr. OAKLEY. No, sir, I am not saying that.

I am saying that natural parents, particularly the instances to which I refer, were in a majority of black families, and we do have to keep in consideration the particular problems of the black community with regard to adoption, their definition of families is different, and they have a tendency to go beyond the nuclear family and aunts and uncles take children, because of problems with the family, to take them into their own homes, and to deal with them.

There are not the resources to go through the formal adoption.

I have been very impressed with generally the way the black community has dealt with this problem. However, there are those—and these particular cases involve mostly black mothers who were not able to make it, and said I want something more for my child or my children, please put them in foster care, or they have placed themselves in a situation where a welfare agency was compelled to do so, but they were motivated out of the desire to have something better for their children.

And, after all, when foster families get $140 to $160 per month per child, there is some motivation.

Senator MONDALE. You mentioned one type of family, where the mother wanted something better for her child, so she placed the child in foster care rather than keeping the child herself.

Now, if this mother had received the same amount of money in ADC as the foster parent, she probably could have kept the child with her.

Mr. OAKLEY. That is what Polk County Legal Aid indicated to me.

Senator MONDALE. It might be assumed that natural parents usually have greater concern for their children—at least I think they have.

Shouldn't that be an option as equally attractive as foster care?

Mr. Oakley. Yes, I think that is true. I think that that ties in with: (3) concerning the growing program of subsidized adoptions, to which Senator Cranston referred to earlier, and this would benefit greatly by an infusion of Federal incentives to this innovative program.

HEW has had regional meetings on it, one of which I attended. Our State has worked hard on it.

It involves long-range commitment of resources, because we are talking about children that are very often severly handicapped. But it is very valuable in meeting the need of adoptive black homes that may be of more modest income, but in order for them to be able to adopt, and I would invite the committee to investigate that with some detail.

It is very encouraging.

(4) There exists what is known as the Interstate Compact on the Placement of Children. I suggest the committee carefully examine its effectiveness as a regulator of interstate traffic in children.

(5) I am aware of an underground pipeline for transmitting the names of well-to-do prospective adoptive parents. I have had clients contacted from California, Texas, Florida, and New York. One client made a contact with a friend in Washington, D.C., in conjunction with other business, and mentioned the desire to adopt.

The word was out, and within a week a lawyer from Texas called and informed this well-to-do and prominent couple of a healthy white child who was now available and that they would have to decide by the next day if they wanted the child. The fee? It was $10,000 for legal services and other necessary expenses.

I might add that payment was to be $1,000 by check and $9,000 in cash, and presumably in a plain white envelope.

That matter was referred to the Texas Bar several weeks ago. I do not know what has transpired with regard to that.

There are several items, before I conclude my statement, that I must just touch on, if you want to explore them.

One has to do with the Vietnam situation that we are in right now.

We are putting through an emergency piece of legislation in our State by publication in order to deal with particularly those that have lost the records in the plane crash and otherwise in Vietnam, for which there are very few records.

I think we have to keep in mind the matter of agencies, their fees on a sliding scale, their conflicts of interest.

I was particularly interested in the discussion you had yesterday concerning attorney conflicts of interest, and Senator Taft's observation. Those conflicts of interest exist not only within the bar and the attorney, but likewise within an agency because they, too, represent all of the interests of the people involved.

Senator Mondale. There is one difference.

Lawyers, as officers of the court, are required to comply with canons of ethics. We present ourselves as a special profession, which does not engage in activity involving actual conflicts of interest, either apparent or potential conflicts.

Our goal at this hearing is not to determine whether a conflict of interest has occurred in a particular instance but to ascertain if these conflicts are inherent to the present system.

Mr. Oakley. We deal with that, Senator, in our proposed bill.

We are proposing a two-stage proceeding, one to terminate parental rights—you have to terminate parental rights judicially before you can file an adoption petition. And in that termination process, there is a guardian at each point, but we do not go so far as to require the appointment of attorney for natural parents.

However, there is a provision that a natural mother or natural father cannot sign a consent for 72 hours after birth and that that consent can be revoked for a good cause at any time up until final hearing for termination when that natural parent receives notice.

Senator LAXALT. After placement.

Mr. OAKLEY. This is one of the issues we have remaining in our Senate, and there is a provision that no child shall be placed within 30 days of age—from birth up to 30 days of age. This was a very close vote in our House.

The provision is probably designed to try to preclude independent placement but, in our State, we have about 300 independent placements. And it is my feeling that the independent or whoever, the placer, should decide whether or not placement would be appropriate before termination because, statistically, you would only find perhaps one or two or perhaps three cases out of 300 where a child placed with a prospective adoptive parent, that they would have to deliver that child back into custody of court because termination of parental rights was not effective.

I will conclude my statement to the members of the committee.

I have no doubt that there exists a small but extensive trafficking in children, but I likewise am equally convinced that agencies and private placements alike are sensitive to the "Market."

The answer is State experimentation as they cope with their own problems. The States are recognizing the need for interstate cooperation.

Adoption by its nature is a sensitive, confidential, and highly personalized process requiring extraordinary common sense and perspective. To scatter that process throughout the Federal system seems to me unnecessary at best and depersonalizing at the very least, although I would add I think there is some limited area, and I have indicated, of Federal oversight.

I hope your hearings will generate information useful to the States as well as the Federal Government.

I certainly appreciate the opportunity to appear before the committee.

Senator MONDALE. Thank you very much for a very fine statement. Approximately how many children do you place each year?

Mr. OAKLEY. About 8 to 10.

Senator MONDALE. Are most of those through agencies, or are they independent?

Mr. OAKLEY. That number are independent placements. I also do legal work for agencies that require generally that the adoptive couple can select their own attorney to take care of the strictly legal matters.

Senator MONDALE. From where do the children usually come, and where do the adoptive families reside?

Mr. OAKLEY. The geographic area in which the children come is within the 50 mile radius of Clinton, the prospective adoptive parents do come from various parts of the country, but primarily are mainly western Illinois and eastern Iowa.

Senator **Mondale**. They all live within 100 miles or so of Clinton, Ill.?

Mr. **Oakley**. That is correct. Those prospective adoptive parents do come from the East Coast, some from Texas, various places that generally have been referred to me by—it is interesting, I placed quite a few children, those in the medical profession, and they come from various parts of the country, because a number of them have been placed in Iowa City, which is the center of our university and our medical hospital there. It appears that they have been referred to me through the process.

Senator **Mondale**. How do you determine which child should be placed in which family?

Mr. **Oakley**. That is not a scientific thing at all. Let me characterize it this way.

Agencies have several practices. A matter of putting blue-eyed babies with blue-eyed parents is archaic and not appropriate. Many agencies take them much in the order in which they come up.

I do not necessarily do that. I do think that there is some basis for background, biological background.

Normal children can go most any place. Children that may have some physical disabilities, and perhaps some background requires special attention, in my judgment.

Senator **Mondale**. Do you make that judgment?

Mr. **Oakley**. Yes, sir, I do.

I do my preplacement investigations of prospective adoptive homes. I also do this in conjunction with psychiatric social workers in other areas. I visit personally, and require personal visits with every one of the adoptive parents that I deal with. I have known every one of them personally.

I require medical examinations, many of them who have medical work, inability to have children, I require references, financial statements, income tax returns, a good deal of that kind of information.

If I may say so, I am afraid that that kind of care is not exercised by all who do independent placement.

Senator **Mondale**. Yesterday I asked Mr. Burns whom he represented, the mother, the child, or the adoptive parents.

Whom do you represent when you are undertaking this matter?

Mr. **Oakley**. I think this is one of the most troublesome aspects in the entire adoption process, because there are instances where a prospective natural mother and her parents come to me and say, here is a situation, we are not sure about agencies, what should we do, and I discuss the implications of adoption with them. But those I visit with a social worker from a public agency, who counsels every one of them.

So I feel that they are getting an opportunity so that I do not have that kind of conflict of interest. I do not send them to another lawyer. I do not think that that is necessary under that instance, but I represent the natural parents or the adoptive parents.

Senator **Mondale**. So that your fee is paid by the adoptive parents?

Mr. **Oakley**. That is correct.

Senator **Mondale**. And you represent their interests in finding and adopting a baby?

Does a theoretical conflict of interest bother you?

Mr. **Oakley**. No; it does not. But I would feel much better about it in the overall, under our proposed law. There is that potential there.

Frankly, I have not had, in my own conscience, that difficulty, because this is not a major part of my practice, it is one that I have been interested in, and I frankly think that I, I guess I feel I do a professional job at it, if I may say so.

Senator **Mondale**. That may be true. I see no reason why it is not possible.

What concerns me is the abuse and profiteering where it is not true.

Mr. **Oakley**. That is correct, absolutely.

Senator **Mondale**. Unethical attorneys, or anyone else, can make a great deal of money by dismissing the question of whose interest is being served.

I was not at all satisfied with the answer I received yesterday, from Mr. Burns. Well, I think that instance you referred to, where within a week the information about a well-to-do couple wishing to adopt was transmitted from Washington to Texas, is the best example we have had.

Mr. **Oakley**. Very quickly.

Senator **Mondale**. That is marvelous, and then a $10,000 fee right over the phone.

Mr. **Oakley**. And I am very upset, Senator, that there was any particular question about it. Because there was the impression that, well, there was another couple waiting, and so forth.

Senator **Mondale**. Well, they always have another couple.

Mr. **Oakley**. That is correct.

Senator **Mondale**. Surely that raises a question. Do you know whether the canons of ethics have a specific provision on this?

Mr. **Oakley**. With regard to fees?

Senator **Mondale**. Yes, with regard to fees, and with regard to this conflict-of-interest issue, as it affects the adoption process.

Mr. **Oakley**. It is and I do not have the canons of professional conduct before me, although I have read them, and I hope I am familiar with them. Basically those canons say that it is in the eyes of the beholder. It is a self-regulator. It is very much like the responsibility for representing the poor and the indigent, those who cannot afford counsel. That is of constant conflict, our profession always has had it.

At what point do you say I cannot take everyone that comes into my office?

Senator **Mondale**. The canons of ethics do not say that you represent someone, and then take someone else's interest.

Mr. **Oakley**. That is right.

Senator **Mondale**. When you represent an impoverished client, you assume the responsibility of representing only his interests.

Mr. **Oakley**. That is right.

Senator **Mondale**. So I do not quite see the parallel.

Mr. **Oakley**. Well, I am saying that I think that I was using that as a parallel to show that it is a self-regulating thing, and when it becomes too abusive, they have the right to police it. That is the problem with adoption, because it is confidential. We do not have court matters laid out in public view. It is very difficult to get that kind of information. I might add that the fees in our area, I think, are $300. The most I ever charged was $400.

I suspect, and that was because of *Stanley* v. *Illinois*, the time necessary to get the father's consent involves considerable time. I think those are rather usual fees there, and commensurate with the work involved.

Senator **Mondale**. You testified that many of your placements are in-state?

Mr. **Oakley**. Not a majority.

Senator **Mondale**. Some?

Mr. **Oakley**. Yes.

Senator **Mondale**. That raises the question of how to regulate interstate and foreign placements. A lot of testimony over the last 2 days has related to this problem.

In 1955, the Senate passed a bill, sponsored by Kefauver, providing that the transportation of babies and pregnant women across State lines for private adoptions was a Federal crime. Exceptions were made for normal agency adoptions.

I question that sort of approach. I do not think the Federal Government should establish detailed adoption laws for the States. Adoption is generally regarded as a State matter. Though the States cannot enforce their own standards as long as all this jurisdictional shopping that has been testified to, is allowed. The baby sellers will just go to another State where the heat is off.

Mr. **Oakley**. You would like my reaction to that?

Senator **Mondale**. Yes.

Mr. **Oakley**. No. 1, I do not think it is necessary to limit it to so-called licensed child placing agencies. I think that the abuses of independent placement can be regulated effectively by State law, and I would suggest Mr. Moss might want to comment on it also, because we were discussing it through existing departments of social services.

I know one thing we found in Iowa, and I daresay perhaps in other States, that adoption provision becomes (to use somewhat of a bad pun) a stepchild of the agency.

We had, 8 years ago, seven people supervising child placing agencies. Now we have two, and they do not do much more than go in and look at a few records. There simply is not enough personnel there, and I am not one given to extending bureaucracy, or adding people to tables of organization. But a survey by HEW of exactly who is handling how many people involved and what is their competency in the various State agencies might be helpful in surveying whether or not that capability exists.

If it does not, then there should be some incentives to do so, but I think interstate cooperation, through our growth of an interstate awareness, through our Council of State Governments, through our National Council of State Legislatures, as well as a Federal incentives program would be appropriate.

Senator **Mondale**. Well, we had that problem with water pollution a few years ago—are you arguing against any Federal legislation?

Mr. **Oakley**. No, sir, I am not. I am arguing that, for example, I would not want to see a situation in which before you could transport a child in interstate commerce as you define it, you first of all have to get permission from a Federal agency.

I do not think that the adoption process, and the desirability of having a child transferred from, let us say, its birth to where it is going to end up in an adoption home, can wait for that, if past experience is an indicator of the speed at which that would be addressed.

Senator MONDALE. You cannot transport it as a baby salesman. You can transport it only for the purpose of adoption. You do not need anybody's approval.

Mr. OAKLEY. This is fine. No, I do not disagree with some criminal penalties in interstate transportation, that does not—that strengthens your State laws—yes, it would, so long as you have a mechanism of good notice that cannot be—a place where you can get at it right now is at that courtroom where those judges are looking at those final decrees.

I do not know why the call cannot go out so that it becomes somewhat more than a pro forma exercise. The judiciary has that responsibility, as well, and that would be where I would start right now.

Senator MONDALE. How can a court in New York know enough to judge competently the circumstances of a birth in California, circumstances of funding, sales, and the rest; how are they going to be able to do that?

Mr. OAKLEY. I think looking at the petition, you see where the child was born, unless there is fraud in preparation of that, and if someone wants to risk their license doing that, that is up to them.

Assuming that the petition reveals even the barest of facts, the matter of notice to the natural parents, both of them, as well as the residency, as well as whether or not there is an agency involved that should red flag that case within 5 minutes of its presentation of that court, and whether it is upstate New York, or whether it is Clinton, Iowa, I do not think it would take a great exercise in judicial preparation to do that.

Senator MONDALE. If there is a cloud hanging over an adoption, and the court waives jurisdiction, is it likely that the papers submitted to the judge will reveal a problem?

Mr. OAKLEY. Well, in what I just characterized, let us assume that the petition, and those papers state the bare facts of jurisdiction. It may be a good placement, it may be an appropriate one, it may not be.

But I think if we want to deal with it immediately, the courts can say they have great equity powers to stop that process, and say I want some people to come before it.

Senator MONDALE. Let us consider a hypothetical case: A couple from New York pays a baby seller $10,000 or $15,000 to adopt a child born to a mother in California. Misleading and fraudulent papers are then submitted. What is the remedy?

I suppose the adoption is disqualified. What else happens?

Mr. OAKLEY. Well, of course, if they have a child in—you are talking about when prospective adoptive parents are there, and they have had the child under the jurisdictional period of time, and what does the court do then?

Senator MONDALE. Yes.

Mr. **Oakley**. Well, the court would probably leave the child in that home. But the court can go back to that State, to its probation department, juvenile department, whatever it has available to it, to go back to the State. I do not see why it cannot be backtracked.

If I may add a personal note, it is a pleasure to make your acquaintance, because I did have your hospitality a few years ago.

Senator **Mondale**. Yes.

Senator Laxalt?

Senator **Laxalt**. I agree with what I think I heard, and that is that the Federal Government should stay out of the adoption business. I believe that firmly.

I too am trying to find out where we fit. I am inclined to agree with your feeling that the solution should rest with that court. The adoptive parents are there, the fee has been paid, and they are aware of it, and two or three questions by a judge who has seen the flag raised in his petition, I think would go a long ways for resolving this problem.

Where do you see beyond that, assuming that the courts function as they should, and the States function as they should; where do you see the Federal participation?

Mr. **Oakley**. Well, I think that I mentioned the matter of incentives, or whatever you want to call it. What bothers me in this process is that States, such as our State, in the past, what we might call a tough law, appropriate law, it is going to have a decided effect with regard to the adoptions that are available in our State. Because I think that there are going to be a number of prospective mothers that are not going to perhaps want to go through all that machinery. They do not want all that due process. They have been counselled, they have gone through a period of pregnancy, and I do not mean to say they should not have them, believe me, we try to give it to them, so it is going to give them to other States that are easier.

So we have to urge State legislators to have some minimum standards.

You may, as the Federal Government has been doing with great activity in a number of areas, provide some very bare minimum types of things in the process of caring that should be in the State law.

I do not take that step easily by philosophy.

Senator **Mondale**. I think that is a bigger interference by the States.

Mr. **Oakley**. Yes, I appreciate that, but my problem is if you continue to have a fairly significant number of States that have weak laws, you are going to have a haven in there, at least for interstate, and we have to eliminate it there as well. Because I am sure in Florida, where these natural mothers are, there is a good many prospective adoptive parents there that could well take care of all the children in the State of Florida, and they do not all have to go to New York.

Senator **Mondale**. One of the things that I think has been unquestionably established by these hearings is that baby selling is fundamentally an interstate business.

What you do is entirely different. You serve as a lawyer for the citizens in your community for a reasonable fee.

Baby sellers are brokers peddling and profiteering from the sale of babies. They cannot operate in Clinton, Iowa, where everybody knows them. They have to operate interstate, internationally, with as little publicity as possible.

To deal with this problem we need an independent agent. Within the scope of its jurisdiction, Congress must help establish uniform adoption practies.

But what really worries me is the children. It is their interest at stake.

Mr. OAKLEY. If I could add one thing, Senator, with regard to agencies, and I mentioned that I would allude to it if the committee wanted to.

I have a great respect for agencies, and I have worked with them, but there are sliding fee scales in agencies also. The highest that we found in our State was between $2,000 and $2,500.

Senator MONDALE. Is this a private agency?

Mr. OAKLEY. This is a licensed private agency in our State. I came across an interesting observation the other day when visiting with an individual who works for one of them.

I would ask you to think about this. You go through the process of registration, then you make out an application, then you have a home study, and you are finally approved for placement. It takes some period of time.

All right, now they have 700 registrations and applications completed at an average cost of $50 apiece for that agency. That is a 14-year supply.

Now, that is an economic matter, it seems to me, that cannot be overlooked. I wonder why that is the case.

I am saying this, that people being people, whether they are lawyers, or whether they are social workers, or whatever, although we have uncovered absolutely no instance, to my knowledge, of this, we must also continue to have effective monitoring of agencies as well, and I think good agencies would agree that there are probably agencies that are not so good.

So I think to balance that out, that is the point that should be made, and presumably they have sliding scales, and they are not always related to the amount of service involved.

Senator MONDALE. I think that is a good point.

Mr. OAKLEY. I think I have figures that I supplied to the committee with regard to various agency fees.

Senator MONDALE. Senator Randolph?

Senator RANDOLPH. Mr. Chairman, I have not had the privilege of hearing Mr. Oakley, the colloquy that you have had with the witness, except for a couple of minutes.

I do not want to be repetitive.

Mr. Oakley, why are you interested in this subject matter?

Mr. OAKLEY. I am interested in this subject matter, first of all, as a State legislator. I have been interested in matters of adoption, and I have handled adoptions since I was admitted to practice in 1961. I was with the attorney general's office in Iowa, social welfare department, and I became interested in that regard.

I am also interested in it as a member of the bar, knowing the difficulty that the bar has in dealing with it, particularly with the minority members of the bar, that I think are violating their own canons, their own ethics.

Third, and in perhaps somewhat minor a respect, I am interested in it as a practitioner myself, what regulation there might be of it in that regard.

Senator RANDOLPH. Incidentally, how large is Clinton?

Mr. OAKLEY. 35,000.

Senator RANDOLPH. How far from Ida Grove?

Mr. OAKLEY. Where Senator Hughes is from, Ida Grove, that is about 300 miles.

Senator RANDOLPH. I know, Mr. Chairman, that Ida Grove is the hometown of our former colleague Senator Hughes. It is a tremendous experience to be with those people in that part of Iowa.

Do you feel that there are problems like that in all the States—is there really a problem?

Mr. OAKLEY. Yes, there is a problem, but not in baby selling. There is a problem in inadequate preplacement investigation. Things could be better. Mostly this is a preventive piece of legislation.

We see what is coming down the pike.

Senator RANDOLPH. Mr. Oakley, would a Federal statute toward prevention be helpful?

Mr. OAKLEY. As far as the State of Iowa is concerned, in the immediate future, no. In the longer range, yes. I would say it would be depending on how you define the extent of that Federal legislation.

Senator RANDOLPH. And you do indicate that we give careful consideration to adoption laws on a broad front?

Mr. OAKLEY. Yes, sir, I have no argument with that whatsoever.

Senator RANDOLPH. Do you have any reason to believe that there are attorneys at law in your State who are in the business from the standpoint that you have expressed, that is not commensurate with the high canons of the law which you practice, and which you described?

Mr. OAKLEY. No, sir. Our interim committee found no evidence supplied by agencies, adopting parents, or otherwise that our bar was engaged in any of those practices.

Senator RANDOLPH. How many lawyers are there in Iowa?

Mr. OAKLEY. 2,700.

Senator RANDOLPH. 700?

Mr. OAKLEY. 2,700. There are more, but in actual active practice.

Senator RANDOLPH. Mr. Chairman, I think that is worthwhile on this record. That is one State where you have made a check on this subject matter, is that right?

Mr. OAKLEY. We held extensive hearings, the minutes of which I have supplied to your counsel, and we have a good deal of other material that we could supply as a result of that, and there was no evidence, implied or otherwise, that there was any black marketeering of children in our State.

Senator MONDALE. They have done well in Iowa. The only State is just to the north of it——

Senator RANDOLPH. You mean a suburb of Minnesota?

Mr. OAKLEY. I might add, Senator Mondale, that you would be interested in a document that I have supplied to Miss Hoffman, having to do with the study that Arkansas made, of so-called grey market, a term which I think is inappropriate, which did indicate that independent placement could still take place in your State.

You might want to visit with those from Arkansas, because I think it is the feeling of those in Minnesota that that cannot happen.

Senator **Mondale**. Thank you very much.

Senator **Randolph**. Mr. Oakley, before you leave, I have checked carefully your prepared statement, even though I have not heard you deliver it, and I would like you to add for the record whether you believe that there is widespread unethical practice among a considerable number, or a small number, or what number, of attorneys so engaged throughout the country.

Mr. **Oakley**. My judgment would have to be limited in that regard, but based on my reading and visiting with the bar, it is a very small number of attorneys who have been very active and very unethical.

Senator **Randolph**. Thank you very much.

Senator **Mondale**. Thank you very much.

Our next, final witness is David K. Leavitt, attorney at law, Beverly Hills, Calif.

Pleased to have you with us today.

STATEMENT OF DAVID KEENE LEAVITT, ATTORNEY AT LAW, BEVERLY HILLS, CALIF., ACCOMPANIED BY MRS. LEAVITT

Mr. **Leavitt**. Thank you very much, Senator.

Could Mrs. Leavitt sit here?

Senator **Mondale**. Certainly.

Mr. **Leavitt**. Senator, my name is David Keene Leavitt, I am an attorney at law, and I practice in Beverly Hills, Calif.

Having sat here through the hearings yesterday and today, I have heard questions from the committee, and will try to anticipate some of them in my presentation.

Senator **Mondale**. I have read your statement, and if you wish, we could place your statement in the record as though you had read it.

Mr. **Leavitt**. I would appreciate it.

Senator **Mondale**. Please stress the points that you think are of interest.

Mr. **Leavitt**. Yes, there are a number of things that I think are most important, and that are not covered in the statement.

First of all, I am an attorney in private practice. I am a graduate of Stanford University Law School. I have been in practice in Beverly Hills, Cali[illegible] for 20 years. During the past 16 years I have specialized in adoption and child custody matters.

In the past 16 years I have handled about 800 private adoptions. About 95 percent of my law practice involves the adoption or custody of children, juvenile court matters, guardianships, things having to do with the rights and custody of children.

I have been a member of the Adoption Committee of the Beverly Hills Bar Association, I am a member of the Los Angeles County Bar Association, and I am a consultant to the task force on the legislation on unwed fathers legislation, and as you can see, quite steadily interested in the field of adoption.

I feel that California has much to teach the United States, and this committee, and other States when it comes to adoption.

I wish that Senator Stafford were here, because he did question Mr. Moss as to whether there was malpractice within California adoptions. Mr. Moss did mention that there is not.

I want it to be understood that when I made this statement in my written presentation, I was referring to intrastate adoptions. There is no black market in the State of California, and there has not been for years and years and years. There is a good reason for that, and that is because California has liberal, reasonable well-regulated thorough adoption laws. They do not give adoption agencies a monopoly. They provide a healthy competition between private placement procedures and the adoption agencies, which means that the adoption agencies have to meet demand by adjusting their practices to the applicant, and the natural parents who they deal with, just as the attorneys have to keep in touch with the advances in the thinking concerning adoption.

Senator MONDALE. How is the interest of the baby served by competition?

Mr. LEAVITT. There is one major way in which the interest of the child is served, Senator. I have prepared a chart, which I would like to distribute to the committee. The most important way in which the child is served has not been discussed in this committee today.

Senator MONDALE. We will receive the chart for the record.

Mr. LEAVITT. The most important way in which the child is served by competition is that it encourages adoptions. I think we should start at ground one, and consider whether the adoption of children is to be discouraged or encouraged.

Mr. Chairman, my feeling is that when a parent is having a child under such circumstances that adoption seems to be a proper solution to the problem of the parent and child, adoption should be facilitated and encouraged.

Now, I would call the committee's attention to the figures on this chart which I have prepared. The number of adoptions in each State in the United States in 1973 was published by an Oregon foundation.

Now, it is very, very strange that the Opportunity Foundation of Portland, Oreg., which is a division of Boys and Girls Services Aid Society of Oregon, published for the first time a comprehensive statement of the number of adoptions in each State in the United States, and these are the figures upon which my chart is based.

Senator MONDALE. Do you have a copy of that?

Mr. LEAVITT. I will make copies of it for the record.

If you will notice, I have extrapolated on this chart the populations of the various States involved. I, of course, have not made a 50-State chart. I just did not have the time.

You will notice that in those States that encourage competition between independent and agency adoption systems, the number of adoptions is by far greater than the number of adoptions in those States which prohibit them.

Minnesota is not included on this chart simply of the prohibition Minnesota put on private adoptions in 1974. But if you will notice there is one adoption in California for every 3,500 people in the State in 1973.

In the two States which prohibit private adoptions, there is one adoption for every 21,000 or 24,000 people. In those States where independent adoptions are technically permitted but legally discouraged, where attorneys are penalized criminally for participating in independent adoptions, the ratio of adoptions is one in 9,000 or 10,000, or even 13,000 people.

For example, in the State of Illinois, there is only one adoption for every 13,000 people in 1973. Compare that to Indiana, for example.

Indiana had more adoptions than Illinois in 1973 because in Indiana independent adoptions are permitted.

Now, I think that we have to look at the basic problems with which we are dealing. At the risk of seeming facetious, and I am not, we must not throw out the baby with the bath water. There is nothing that turns my stomach more than the testimony I heard yesterday, and it is important that the racketeers and the baby sellers be put out of business.

But we have had 50 years in this country on a State-by-State basis of the notion that the way to put the baby sellers out of business is by tightening up the adoption laws and making the adoption agency a monopoly. It has not done it.

If this committee will look at the cases that it has seen, the baby buyers are all in States which do not permit a healthy competition between the private and the agency adoption systems. There are no buyers from California, as Mr. Moss said; within the State of California, there is no baby black market; within the State of Florida, there is no baby black market.

The reason that there is a baby black market in New York, in Massachusetts, and in Illinois, is because years ago legislators made the independent system there unworkable or illegal.

This meant that adopting parents in these States who wanted to adopt a child were faced with one of two alternatives. Either they got a baby from an adoption agency, and the adoption agency had no babies, or they bought a baby through a baby seller. That is all they could do. There was no way that they could have a lawful private adoption within their own States.

I urge the committee to look at the patterns; it is not an accident that you do not have baby buyers from Oregon or Arizona or Virginia. There are plenty of people with money in Virginia. There is a shortage of babies in Virginia, but childless couples are not buying babies from these baby sellers.

Now, there was testimony that two couples appeared in the *Silverton* case in California: California couples had received offers from this baby seller. But I think it is important to note that neither of these California couples accepted those offers, because they did not have to.

Now, I would like to go into the basic approach of California, because I think it is a good one. California law is based upon two premises which are very important.

No. 1, it is up to the mother of the child to make the decision as to who is going to adopt her child. If the licensed adoption agency does not make that decision, the law looks to the mother and her interest in the child's future to protect that child.

No. 2, the independent adoption in California is based on the premise that the mother of the child is a grownup. She is not mentally deranged, she is not non compos mentis. She is capable of working within her own intellect and her own emotional needs to make a good future for her child.

Now, our adoptions are carefully checked. It is true in California we do not have a preplacement investigation. However, legislation has been introduced, time after time, providing for preplacement investigations in California. I have appeared over the years before our legislature supporting such legislation, but the opponents of it are the adoption agencies.

The adoption agencies' argument is: If the State will preinvestigate couples who will adopt privately, it will put the agencies out of business, because agencies are the only people, in their estimation, who should be permitted to preinvestigate adoptive couples. They do not like the idea of a lawyer saying to a natural mother, "I know a lovely couple, they have been investigated by the State, if you would like to place the child with them they are available."

I do not want you to think that the reason that there are not preplacement investigations in many of these States is because the lawyers oppose it, or people who have any good sense at all oppose it. It is an economic problem of the adoption agencies who feel that their function will be impaired if the lawyers can present blue ribbon, certified couples, just as they can.

We have a very good investigation of private placements commencing within a week of a private placement and the filing of a petition for adoption. Our State department of health, or the Los Angeles department, where I practice, is in touch with that couple, has commenced an investigation.

If they get the slightest inkling of a problem with that couple they immediately report to the court, and within 10 days it is set for a hearing, full-scale litigated hearing. That child can be immediately removed from the home if it is defective.

The interesting thing about it—and maybe I am whiplashing about it a bit, because I say, gentlemen, we ought to have preplacement investigations—is that over the last 20 years, less than one-half of 1 percent of the couples adopting babies independently in California have been recommended for disapproval as an unsuitable family by the welfare investigators.

Now, we have certain surveys over the history of California. We have one by Dr. Rosenstein of UCLA back in 1961. We have another one by Dr. Sechter in 1964. These surveys indicate—and I think the committee should have this survey, the staff materials—these surveys indicate that the independent placements are either as good or better than the adoption agencies in California. I think that is important.

It is important that you notice also that the witnesses so far have not indicated that babies are being hurt by these repulsive practices of the baby sellers.

As Mr. Reid said, 99 percent of them are fine couples. I think he said 95 percent. It is not the babies that are being hurt.

What is happening is that the dignity of the United States, the majesty of the law, and the propriety of human conduct is being outraged and offended by these men who must be stopped, but not at the price of preventing babies from being adopted when those babies need adoption.

Now, in California, 80 percent of the newborn infants without special needs are adopted privately rather than through adoption agencies, and the system works just fine.

I want to emphasize this. It works fine, because all of the lawyers who handle intrastate adoptions in California handle them ethically, properly, and conscientiously. We only have one man in the whole State—we have 35,000 lawyers in California. We have this one man—a convicted felon, a suspended attorney—who has been convicted not only of adoption violations, but of defrauding insurance companies, and trying to bribe a county clerk in a nonadoption matter, and God knows what else.

This wicked individual, this one individual, is the only man in the whole State who is doing this.

And Mr. Moss, I am sure, will corroborate it. I think that is a pretty good record, and I think it indicates that an independent adoption system that is properly regulated will work just fine.

California has such a system.

Now, you may want to know about me, about what kind of work I do. I handle a lot of adoptions, I handled about 800 of them at least over the last 16 years. I have handled 65 independent adoptions in 1974. Three to five of them a month.

Senator MONDALE. What is your average fee?

Mr. LEAVITT. $850. I operate on a flat fee basis.

Senator MONDALE. What percentage of your adoptive parents are in California?

Mr. LEAVITT. About half of them, a little over half in 1974. We had a rather peculiar problem in California in 1974, involving *Stanley* v. *Illinois*.

I was being referred by other lawyers, large numbers of cases involving young women. I should not say only by lawyers, also by adoption agencies, which I found very interesting. There were large numbers of women in California in 1974 who were extremely upset at the thought that the father of the child would be notified or brought into the adoption itself. The Los Angeles County Superior Court in 1974 adopted extremely strict rules concerning the notification of natural fathers, and we were faced with situations where girls said, "Well, I want this baby adopted, but if they are going to have to bring him into it, I am going to keep him or leave the State."

So I was in fact jurisdiction shopping. I knew that there were States where the courts took a more relaxed view of *Stanley* v. *Illinois*.

Senator MONDALE. So you would encourage placement wtih parents not residing in California?

Mr. LEAVITT. I would explain to them the different requirements of courts concerning the practice—I will tell you what happened in Los Angeles County——

Senator MONDALE. Who did you represent?

Mr. LEAVITT. I represent primarily the child.

Cenator MONDALE. Who paid the fee?

Mr. LEAVITT. My fee is paid by the adopting parents. Let me explain what the supreme court has ruled.

Senator MONDALE. I would just like to ask a few questions here. You say that you represented the child?

Mr. LEAVITT. Right.

Senator MONDALE. But the parents who wish to adopt paid the fee?

Mr. LEAVITT. Right.

Senator MONDALE. Is that possible?

Mr. LEAVITT. Yes.

Senator MONDALE. Tell me how.

Mr. LEAVITT. All right. Under the codes of ethics and the decision of the California Supreme Court in *Arden* v. *State Bar*, which I think is a case which you might enjoy reading, it is 1959 Supreme Court of California, 52 California Second 310, this question was squarely decided by our supreme court.

In adoptions you have a very peculiar problem, Senator. The lawyers are more or less going to lose no matter what they do.

The problem is this. The bulk of adoptions are uncontested. In theory it is best to have separate representation, have one lawyer for the girl, one lawyer for the adopting parents. Somebody is going to have to pay those lawyers.

If you have dual representation, and the adopting parents pay both lawyers because the natural parent ordinarily cannot afford to pay any lawyer, then the lawyers are accused of piling on the legal fee. If you have an uncontested situation, essentially there is really no reason for the two lawyers.

The court held that there was no conflict of interest in an adoption case until an actual dispute arises, that the lawyer may represent all parties, provided that he makes full disclosure, that each party recognizes that he is representing all parties, and that if and when a dispute arises the attorney withdraws and requires separate counsel to be introduced at that time.

Senator Mondale. How does the baby hire a special lawyer?

Mr. Leavitt. The baby does not. However, the assumption is, of the law—well, I should not say that exactly.

In an intrastate California case there is an extensive and excellent investigation of the entire adoption by the Department of Health, or the license——

Senator Mondale. Did that occur in the cases where 50 percent of the parents did not live in California?

Mr. Leavitt. It did not occur until the interstate compact. Now, I want to go into the interstate compact later on——

Senator Mondale. Well, not too much later.

Mr. Leavitt. Let me get into it now. I am being cut off certainly not by the intention of the committee. The clock is an excellent task master.

Senator Randolph. Mr. Chairman, since you indicated the closing of the hearing, I do not know whether we are approaching a rollcall, but I have to be presiding at a subcommittee on the Clean Air Act at 11:45.

Could I make, not a self-serving statement for Mr. Leavitt, but one that I would want the record to reflect, and that is that I think that the fee that you charge, Mr. Leavitt, is very reasonable.

Mr. Leavitt. Thank you.

Senator Randolph. I do, indeed. You say it is 95 percent of your practice, is that correct?

Mr. Leavitt. That is correct.

Senator Randolph. And my quick figuring would indicate that that is $55,000 a year, approximately, for this type of work, is that correct?

Mr. Leavitt. Roughly.

Senator Randolph. I share some of your criticisms about an adoptive agency that wants to continue its so-called payroll, and that is what it is in a sense, at the expense of attorneys who often can do, as you indicate they are doing, a job here in an ethical and helpful way to all parties concerned.

I believe, Mr. Chairman, that statement does not attempt to pat the witness on the back, but it indicates it is wholesome that we have an attorney who comes in and speaks as you do today.

Mr. **Leavitt.** May I comment on that, Senator Randolph?

The attorneys are at a terrible disadvantage in the adoption field these days, and perhaps something could be done to help them.

As State after State has termed adoption work as either unethical or criminal, to be disapproved of by attorneys, the ethical attorneys, the people who care about children and adoption policy and constitutional rights of parents to decide the future of their children, are drawn away from this field.

An ethical attorney in New York finds it very hard to make a living in the adoption field. That means the only people who can make a living are the racketeers. They do not care about ethics or anything else. That is, all they care about is money.

There is very little scholarly work in this field. We need lawyers to analyze the implications of the entire adoption process. It is a very basic and important process in the lives that are concerned with it.

There are fewer and fewer lawyers in the country every year who are able to spend the time and attention to study it, because they are being looked down on as potential racketeers if they are in the adoption field at all.

Senator **Randolph.** Mr. Leavitt, I understand your wife is working with you, is that right?

Mr. **Leavitt.** That is right.

Senator **Randolph.** Does she help you with this work?

Mr. **Leavitt.** That is right, she is my secretary and assistant, and everything else in the world, as well as my sweetheart.

Senator **Randolph.** I am glad to know that Petrocelli is not the only one who has his wife, not only as a companion, but an assistant, too.

Senator **Mondale.** I have read your full statement which will be entered in the record as though read.

I want to close with this question. You decry, and I applaud you for it, the nauseating practice of baby selling. You have heard some of the discussion about appropriate remedies.

What do you think should be done?

Mr. **Leavitt.** All right, Senator, I think at the moment the interstate compact is a good remedy, but I am not sure. I would take a two-step approach.

No. 1, I do not agree necessarily with the witnesses who say the interstate compact is inadequate, and so forth.

First of all, there has not been a single witness who has talked about the interstate compact so far that has ever dealt with it. I am impressed with one fact that the committee ought to recognize.

All of these nauseating examples of baby selling that have been brought to this committee do not include a single one where the two States belong to the Compact. Not one.

Now, there are 29 States in this compact now. Pennsylvania, which is an important one, just joined. I am advised that New Jersey is now in the process of getting its legislation done to join.

When Pennsylvania and New Jersey join, every single State with any major participation in the baby selling will be in the compact. I think that that is going to work, because I do not think adoptive parents are going to be quite so ready, or so able to get into this underground big payoff when, before they get the baby, they have to face the State welfare investigator, who is going to inquire as to the money, who can make them submit affidavits of the proposed expenses, who can make them submit affidavits if there are payments under the table, and so forth.

I am not at all sure that that compact is not going to work. I think it is going to work out beautifully, and if you had hearings 3 years from now you would not be able to turn up cases like those that have been brought to the attention of the committee, because of the compact.

But if the compact does not work, I would certainly support a law which provided for every interstate placement to be registered with an agency of the Federal Government.

Senator MONDALE. How long has the compact been in effect?

Mr. LEAVITT. In California and Florida it just went into effect.

Senator MONDALE. When was it instituted?

Mr. LEAVITT. New York ratified it 20 years ago.

Senator MONDALE. Why do you say that 3 years from now there will be no incidences of baby selling?

Mr. LEAVITT. In order for it to apply, both the sending and receiving States must belong. It is only now that the major States, California, Florida, Pennsylvania, New York, Massachusetts, the major States where these things have been taking place, all belong to it.

We still need Texas and New Jersey. But when Texas and New Jersey join then your major area for baby selling will all be in it, and New Jersey is in the process.

I think that when those States are in it you are going to find that this conduct is appreciably reduced. If you do not find that it is appreciably reduced, then I would favor a Federal law which requires that the identity of the natural and adoptive parents, and all intermediaries be disclosed to Federal agencies, and that information be transmitted to the appropriate welfare agencies of the States involved.

I would go further, but I am not sure it is necessary. Maybe in a "carrot" kind of legislation, if the State law does not require a full disclosure under oath, by all the parties and intermediaries, of the expenses involved, then the Federal agency should require such a penalty of prejury declaration.

My feelings is that you are going to get these baby sellers—not by outlawing, not by restricting a good system—but by the prejury route. Just like they got Al Capone for income tax evasion.

These baby sellers must lie, they must induce perjury, and it is the perjury that is going to put them in jail, and I think the Federal Government should help in any way they can.

Senator MONDALE. What do you think of the proposal?

Mr. LEAVITT. I think it is terrible, because it gives bureaucratic agencies veto power over adoption decisions.

Senator MONDALE. If it were altered to permit independent adoption but required further precustody investigation, would you feel the same?

Mr. LEAVITT. If it were altered to resemble the interstate compact, I would not object to it. There should be one important proviso, and that is upon failure of the administrative authority to investigate adoptions there would be recourse to the courts.

I have a great deal more faith in the courts with all the witnesses in front of it than I have in welfare investigators and welfare authorities who are ideologically opposed to private adoptions. If you gave the welfare people administrative authority which is unhampered, and to which there is no appeal, that would be a big mistake.

Senator **Mondale**. Thank you very much, and we invite you to submit any further comments by letter that you wish to be made a part of the record.

Mr. **Leavitt**. Yes, I will.

[The prepared statement of Mr. Leavitt along with other information referred to by him follows:]

SENATE SUBCOMMITEE ON CHILDREN AND YOUTH
APRIL 29, 1975

STATEMENT BY DAVID KEENE LEAVITT, ATTORNEY AT LAW
of Beverly Hills, California

INTRODUCTION

I am an attorney who has specialized in adoption and child custody cases for the past 16 years. I have handled about 800 adoptions, most of them independent private placements. I have been a member of the adoption committee of the Beverly Hills Bar Association and past president of the Medical-Legal Society of Southern California, and am the author of "The California Lawyer's Role in Independent Adoptions", 36 L.A. Bar Bulletin, page 189(1961). I am presently a member of the Committee on Adoptions of the American Academy of Pediatrics, Los Angeles Section.

My prepared statement is of necessity brief because I first learned of these hearings on Monday, April 21, 1975, and the rules require 100 copies to be filed by April 24, 1975 -- including a two day allowance for airmail delivery. I must therefore present these points extemporaneously and without detailed research which I would ordinarily devote to the preparation of such a statement.

I

THE CALIFORNIA EXPERIENCE

California has liberal and effective adoption laws based upon a parent's inherent constitutionally protected right to place her child for adoption with persons of her choice. (Certainly, a mother's right to select adopting parents for her child is as fundamental as her right to abort her pregnancy, and far more to be encouraged.)

There is virtually no incidence of baby selling or illegal adoption practices within California. During the past 15 years only two -- possibly three -- California attorneys have engaged in illegal activities: one voluntarily retired from the adoption field when his activities were publicized; two were suspended from practice or disbarred and spent time in prison.

Virtually all the black market cases in which these men participated involved California infants sold to couples living in Eastern states whose adoption laws prohibited or effectively discouraged local independent adoptions. Childless couples in such states either obtain a child from an adoption agency -- which may be extremely difficult -- or "buy" a child illegally. They have no reasonable, lawful alternative.

Although I cannot know all of the facts received by this Committee, I doubt that you have received evidence that Californians have been buying children.

In California, over three-quarters of all adoptions (except "special needs children") are handled privately, rather than through licensed adoption agencies. This has been the case for all but seven of the past fifty years. Independent adoptions in California are investigated by the State, a full report of placement arrangements and financial commitments are made to the court under oath, and our adoption judges have repeatedly advised our Legislature that they have observed no fee or financial abuses. Studies have shown that the independent placements are in all respects equal to, and in many ways better than placements made by licensed adoption agencies.

More important, California has almost three times as many adoptions as any other state. For example, in 1973, California had 5647 adoptions compared with only 1980 in New York, the next most "adopting" state -- even though the populations of the two states are about equal.

New York, however, has highly restrictive adoption laws and discourages independent placements in every possible way. It is inconceivable that New York has fewer infants in need of adoption than California: just fewer adoptions. Despite the legal restrictions, or perhaps because of them, New York is also the center of black market baby selling in the United States. (It should also be noted that, since adoption agencies have a virtual monopoly in New York, the fees they charge are incredibly high: for example, an adopting couple may be required to pay Louise Wise Services or Spence-Chapin Adoption Services fees in excess of $4,000.00 for a child, exclusive of the medical expense which is paid by the state and federal governments. In contrast, the average California independent adoption costs about half that amount, including all medical and legal expense -- without any cost to the taxpayer.)

The proper conclusion is that adoption agency monopoly and prevention (as contrasted with reasonable regulation) of private independent placements (1) drive childless couples to violate the law by buying babies from unscrupulous sellers, and (2) discourage adoptions in general and deprive children who really need them of adopting parents.

It is important that further legislative restriction of private independent placements be avoided. Adoption agency monopoly, which has been so popular in many populous midwestern and eastern states is counterproductive. Black marketing will not be eliminated by compounding the mistakes of the past.

II

THE GREY MARKET

The term "The Grey Market" has been used by adoption agencies and their partisans to characterize any independent adoption, whether good or bad, legal or illegal, ethical or depraved.

By its use of the word "grey" it connotes immorality and low principles; the word "market" implies misconduct and the purchase of infants even in cases where the only payments involved are proper medical expenses and reasonable attorneys' fees.

The phrase is a PR man's dream: I only wish the proponents of private placements could dream one up half as good.

But I urge this subcommittee -- which has permitted the use of this term in the description of its subject matter -- to apply it only to those cases in which the conduct of persons involved is morally or legally "grey" and the financial arrangements suggestive of a "market". Such cases comprise only the smallest fraction of the thousands of independent placements made annually in and between the greater number of states where such placements are customary, accepted and proper.

III

AN EFFECTIVE SOLUTION
THE INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

Many, possibly most, of the cases brought to the attention of this subcommittee would not happen today -- at least insofar as they involve New York, Florida and California. It is my impression that control of these three states will go most of the way in eliminating the abuses under discussion.

Effective January 1, 1975, both California and Florida joined the Interstate Compact on the Placement of Children. New York has been a member for several years. The Compact now has 20 members and will undoubtedly have more.

Under the Interstate Compact, it is unlawful to bring a child from one member state into another without first being investigated and cleared by the receiving state.

Before clearance, welfare authorities in the natural mother's state (the sending state) interview her, assure themselves that she knows what she is doing, and determine that the placement law of that state is being complied with.

Meanwhile, welfare authorities in the adopting parents' state (the receiving state) investigate the couple, satisfy themselves that the placement is not contrary to the welfare of the child, and determine that the adoption laws of the receiving state are being complied with.

It is a criminal offense for a child to be brought into one member state from another without advance approval of the receiving state authorities.

Under the Interstate Compact, it is no longer possible for an unscrupulous attorney (or other operator) to make secret arrangements for a couple to appear suddenly and whisk a child out of his birth place to unknown destinations; or to travel around the country picking up babies and carrying them home to his clients -- unless he wishes to be a criminal subject to prosection in both states.

It has been less than six months since the Compact has been in force in California, Florida and New York together. I believe that it will work. It will prevent the kind of outrageous conduct which has been revealed to you -- and it will do so without disrupting private independent placements, the enormously vast majority of which are honestly handled, proper and for the welfare of the children involved.

Commentary

By

The Child Welfare League of America, Inc.

On

A Realistic Approach to Eliminating the Baby Black Market

Extension of remarks by David
Keene Leavitt, Attorney at Law,
presented to U.S. Senate
Subcommittee on Children and
Youth April 28-29, 1975

Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003

July 31, 1975

The Child Welfare League of America agrees with Mr. Leavitt that it is time to rethink the problems associated with black market adoptions. Further, it agrees with him that realistic approaches to eliminating this market must be undertaken. His reasons for the above, his focus, objectives, and proposed approach are, however, diametrically opposed to those of the League: His primary concern is adults' attainment of children; the League's is first and always protection of children. Inherent in the primacy of CWLA's concern for children is protection for biological mothers, for biological fathers, and for the adopting parents. No child's wellbeing can be secured without this due regard for the rights of the three parties involved in adoption.

Mr. Leavitt's approach does not provide essential safeguards for all three. In consequence, it goes counter to the official position taken by the American Bar Association as well as positions taken by professional organizations in the fields of medicine and of social work.*

Mr. Leavitt's "Extension of Remarks" contains some errors in facts, plus conclusions that lack substantiating data. It overlooks the essence of change in the current black market activities. Because it is the League's conviction that the Senate Subcommittee and the public in general should have the benefit of corrected information in order to protect children, we refute some of Mr. Leavitt's premises and offer this commentary on principle points submitted in his document. (Note: To expedite ready cross-reference, our comments are grouped according to subject headings in Mr. Leavitt's Table of Contents.)

I. "Remarkable Facts About the Baby Black Market"
(Pages 3-5 Leavitt)

The black market is not, as Mr. Leavitt says, limited "almost exclusively to Jewish couples in four eastern states."

Mr. Leavitt has no data that can substantiate this declaration.

CWLA's contacts with scores of voluntary agencies and State Departments of Public Welfare in many scattered states (e.g., California, Connecticut, Iowa, Minnesota, Nebraska--all impact states) contradict Mr. Leavitt's statements. They point to geographically widespread black marketeering that involves families of all major religious groups.

The transcripts of the Subcommitte's hearings do not confirm Mr. Leavitt's statements.

The League's contacts with numerous investigative reporters who have sought the League's national/international perspective do not confirm his statements.

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* Throughout this Commentary the asterisk is used to indicate the listing of pertinent literature. See Bibliography, pages 7-8.

The investigative reporting that has recently been undertaken by major newspapers in the U.S., Canada, Germany, and Holland reveals baby black marketeering to be both national and international in scope.

Mr. Leavitt cites as references a 12-year old article which does not reflect the more recent de-emphasis and elimination of religious requirements.

Mr. Leavitt's generic use of the phrase "independent adoptions" frequently fails to distinguish between independent adoptions that are legal and those independent adoptions that by state statute are illegal (black market). Contrary to the impression his document may give, there are forty-six states in which independent adoptions do "exist as an alternative to agency procedures" (Page 4 Leavitt).

It is fallacious to assume that the Interstate Compact on the Placement of Children* can eradicate black market placements. The Compact is indeed one significant step forward but it furnishes only a partial remedy. (For further discussion, see Page 5.

2. "The Adoption Agencies' Battle for Protection and Reform". (Pages 6-8 Leavitt)

The CWLA and its accredited member agencies-as well as other quality agencies not affiliated with the League-do stand on the principle that adoption is not, and should not be, a private matter. Society is affected: it is involved and consequently society cannot insulate itself from concern for children who-because of their dependence-are unable to care for themselves and who thus require protection. Society has not chosen that children be placed privately from hand to hand. Rather, through its organized agencies and through the state as parens patriae it has chosen to assume responsibility for care and protection of children whose parents are unable for a variety of reasons to function as parents. Demonstration of society's choice is clearly seen in the May 1973 national statistics* which show that the proportion of non-relative adoptions arranged by social agencies has increased steadily in a 14-year span: 53% in 1957; 79 per cent in 1971. (Note: Because publication of national statistics logs and because those issued in February 1975 for the year 1972 are only partial, we use statistics published in 1973 for the year 1971).

CWLA does indeed support the above described demonstration of societal concern. It promotes the goal that regulation and control of adoptive placements, together with expansion and improvement of services, be required in order to assure maximum protection for the child, natural parents, and adoptive parents.

CWLA's candid support of agency adoptions has one basic rationale: No one social worker, no one lawyer, no one doctor (and certainly no one entrepreneur) when acting as an individual has the facilities and resources necessary to provide protection and services needed by all persons affected by adoption. Such services and protections are best insured through societal organizations. In consequence, the issue is not that of supremacy of one profession's competence and judgment over the other; instead it is a matter of uniting the respective skills in joint effort to discharge society's over-riding obligation to protect the welfare of all children.

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It is fallacious to assume that the Interstate Compact on the Placement of Children* can eradicate black market placements. The Compact is indeed one significant step forward but it furnishes only a partial remedy. (For further discussion, see Page 5.

2. "The Adoption Agencies' Battle for Protection and Reform". (Pages 6-8 Leavitt)

The CWLA and its accredited member agencies-as well as other quality agencies not affiliated with the League-do stand on the principle that adoption is not, and should not be, a private matter. Society is affected: it is involved and consequently society cannot insulate itself from concern for children who-because of their dependence-are unable to care for themselves and who thus require protection. Society has not chosen that children be placed privately from hand to hand. Rather, through its organized agencies and through the state as *parens patriae* it has chosen to assume responsibility for care and protection of children whose parents are unable for a variety of reasons to function as parents. Demonstration of society's choice is clearly seen in the May 1973 national statistics* which show that the proportion of non-relative adoptions arranged by social agencies has increased steadily in a 14-year span: 53% in 1957; 79 per cent in 1971. (Note: Because publication of national statistics lags and because those issued in February 1975 for the year 1972 are only partial, we use statistics published in 1973 for the year 1971).

CWLA does indeed support the above described demonstration of societal concern. It promotes the goal that regulation and control of adoptive placements, together with expansion and improvement of services, be required in order to assure maximum protection for the child, natural parents, and adoptive parents.

CWLA's candid support of agency adoptions has one basic rationale: No one social worker, no one lawyer, no one doctor (and certainly no one entrepreneur) when acting as an individual has the facilities and resources necessary to provide protection and services needed by all persons affected by adoption. Such services and protections are best insured through societal organizations. In consequence, the issue is not that of supremacy of one profession's competence and judgment over the other; instead it is a matter of uniting the respective skills in joint effort to discharge society's over-riding obligation to protect the welfare of all children.

In taking this position, Child Welfare League of America has not, however, "opposed every effort to improve the independent adoption process" (Page 6 Leavitt). To the contrary, while openly recognizing the desirability of agency placements and the limitations of an after-placement-study, the League has consistently "battled" for such studies. Along with the study, CWLA has urged that agencies be ready to provide help which may still be of benefit to the child, the natural parents, and adoptive parents.

Mr. Leavitt contends (Page 7 of his remarks) that scientific investigation does not confirm the superiority of agency placements. The success rate of agency vs independent adoptions is not the issue; the issue is protection of those involved. In brief, the welfare of children needing homes belongs in the hands of societal institutions, not in the hands of individuals.

3. "Why Some States Have More Adoptions Than Others" (Pages 8-11 Leavitt)

Mr. Leavitt's "inescapable conclusion" is that where social agencies are the sole place for adoption, most natural parents will keep the child (Page 11 Leavitt document). This is an incredulous statement.

Most natural parents do keep their illegitimate children but this fact is without regard to state attitudes toward independent adoptions. The reasons for keeping children (or conversely for surrendering them) are multiple, e.g. the reasons may be rooted in emotional, cultural, ethnic, societal conditions, family and community pressure or in the fact that certain groups of parents have no choice-services for them and for their children simply are non-existent. (The non-existence of services does not apply to the parents of white infants with whom Mr. Leavitt is concerned).

Multiple causation notwithstanding, the following are the facts:

The 88,000 illegitimate children who were adopted (independently and through agencies) in 1965 amounted to only about one-third of the total number of illegitimate births in the previous year. In other words, a decade ago approximately two-thirds of the illegitimate children were not relinquished by their natural parents.

By 1971 when there were estimated to be 401,000 out of wedlock births in the United States, an estimated 101,000 illegitimate children were adopted. Thus it is seen by the latest statistics available that the long-established practice is continued. For many reasons the incidence of natural parents not relinquishing their children is on the increase.

This above fact applies to unmarried parents known to agencies as well as those not known to agencies. The League contends that unmarried parents should have choices in determining plans for themselves and their children. Adoption should be one of these choices; it should not be the only one. As needed, in their own right unmarried parents should receive a variety of services (e.g. legal, medical, counseling, educational, vocational, housing, financial assistance). To "reward" them with services or money on condition that they turn over a child is contrary to values of human dignity. To measure success only by a high count of decisions for adoption is tantamount to disregard of parents' rights and needs. It is tantamount to saying the parents' wellbeing is subordinated to the objective of securing a child for someone else.

The provision of a wide range of services for unmarried parents is particularly pertinent when one considers that in 1971 slightly more than half of the 401,000 illegitimate children were born to mothers 19 years of age and under*. These parents, many of them still children themselves, are highly vulnerable. Protections for them are as essential as they are for any child or youth.

Mr. Leavitt's conclusions as to why some states have more adoptions than others draw heavily on Opportunity reports - a series of surveys that actually are very limited. Opportunity's data are an inadequate base for major conclusions. Further, Mr. Leavitt's interpretation of Opportunity's tabulation is erroneous for he fails to consider that Opportunity's total data relate only to agency adoptions as reported by a few hundred agencies.

Factually, Mr. Leavitt is incorrect in his (page 10) statement that "The Opportunity study presents the only state-by-state tabulation of total adoptions published in the United States during the past ten years". In this decade to which he refers (and for many years previously) annual adoption statistics, much more comprehensive than Opportunity's, appear in official governmental reports entitled Child Welfare Statistics and Supplement to Child Welfare Statistics - Adoptions.* These data are issued by the U.S. Department of Health, Education, and Welfare (First by Children's Bureau and since 1968 by DHEW's National Center for Social Statistics).

Mr. Leavitt's quote of ratio of adoptions to population, even if his interpretation were correct, is unsoundly limited to the context of attitudes toward independent adoptions. It overlooks the highly significant impact that abortion*, contraceptives, and societal attitudes have brought to the adoption scene.

4. "Constitutional Rights and Independent Placement" (Pages 12-14 Leavitt)

Mr. Leavitt, in his discussion of constitutional rights of a mother, makes no reference to constitutional rights of a natural father. The omission is serious in light of the U.S. Supreme Court decision on Stanley vs Illinois*. Since 1971 when Stanley was decided and subsequently when some states amended their laws, the League has not learned of any independent adoptions in which there was evidence that the father's constitutional rights had been regarded. Wherever there is disregard of a father's rights there is disregard of the child's legal security in adoption, his parent's security in relinquishment, and the adoptive parents' security that the child is legally theirs.

Mr. Leavitt's (page 13) statment that adoption agencies customarily discourage their clients from obtaining legal counsel "except for the final court formalities" is erroneous. CWLA Standards for Adoption Service* and CWLA Standards for Services for Unmarried Parents* specifically recommend the opposite. In practice, quality agencies subscribe to these standards.

Mr. Leavitt's position on the lawyer/doctor role (pages 12-13) is contradictory to that promulgated by The American Bar Association, The National Conference of Lawyers and Social Workers, The American College of Obstetricians and Gynecologists, The American Medical Association, The U.S. Children's Bureau (DHEW) and The Child Welfare League of America*.

5. "Why Have Private Interstate Placements at All?"
(Pages 14-16 Leavitt)

Mr. Leavitt's descriptions (pages 14-15) of what "desperate couples" would do if private interstate adoptions were prohibited and his statement about the state's unawareness of the child's presence in his new family are true now even though interstate placements are not limited to agencies. These conditions exist primarily because often there is no preplacement study of independent placements. They can, and frequently do, continue for years before the court or an authorized social agency knows the child is in the home. By then, even if the home is not an optimal setting for the child, removal could be severely traumatic for him. Legal consummation of adoption thus is often the lesser of two evils. It, therefore, is not surprising that only a few independent adoption petitions in California (and other states also) are rejected by the court.

The hazards of independent placements (as detailed, for example, by The American Academy of Pediatrics*) are not lessened by crossing state lines. If anything, they are intensified. Descriptions of the major areas of difficulty in interstate independent adoptions as well as those in interstate agency adoptions are detailed in Obstacles to Interstate Adoption*.

Contrary to Mr. Leavitt's statement (page 16), the Interstate Compact does not produce the effective regulation required to safeguard the welfare of the child and the rights of the other parties in adoption. Although CWLA advocated the Compact from its inception and although it continues to encourage its development, the League recognizes the limitations currently inherent in the Compact's operation. For example : (1) The Compact is dependent on existing state laws on adoption. If these are weak, few benefits ensue. (2) The act has no application to states that are not members. (3) Except for Canada, other countries cannot join as co-participants. (4) The Compact does not require that the judge who hears an adoption petition must inquire if the Compact requirements have been met. (5) Experience demonstrates that many judges are not yet aware that the Compact exists. (6) The penalties for non-conformity are minimal or do not exist. (7) The Compact contains no requirement that all direct and indirect adoption costs be disclosed by documentation.

The League will continue to work toward extension of the Compact's effectiveness. It is, however, not a "realistic approach" to assume that the Compact offers the regulation required to eliminate the adoption black market.

6. "How to Eliminate The Baby Sellers"
(Pages 16-18 Leavitt)

A primary thesis which Mr. Leavitt propounds is that responsibility for the baby blac market rests on the shoulders of authorized adoption agencies. In essence he says, "let reputable lawyers and doctors create a competitive system". The American Bar Association* says the opposite-namely, "....it should be emphasized nonetheless that physicians, social workers, and lawyers, individually or jointly, when acting as individuals and not in cooperation with a qualified child placement agency do not have the facilities and resources necessary to provide protection and services needed by all persons affected by the adoption".* Clearly then, Mr. ~~Leavitt's principle proposal~~ is not supported by the official stance of his professional law colleagues. It is likewise contrary to the official stance of the allied professions of medicine and social work. How then can an individual lawyer's indictment of social agencies have viable credence? It cannot.

Mr. Leavitt is consistent in his thrust that the supply of adoptable babies is short because of agencies' "ideological battle for supremacy" and "their insistence that independent adoptions be eliminated rather than improved". This completely groundless premise overlooks societal changes in attitudes toward contraceptives, abortion, marriage, and alternative family life styles. It likewise overlooks a major essence of change in the black market picture - namely, that commercial abortion clinics, and possibly organized crime, are actively involved in buying and selling babies for profit. Mr. Leavitt's omission of these realistic considerations nullifies his conclusion. In short, agencies' ideology and attitudes do not, and cannot, destroy an individual's right to determine whether she will conceive, deliver her child, or relinquish her child.

Mr. Leavitt's proposals (Page 17-18) for legal mechanisms to insure "good and honest independent adoptions" are sound. The Child Welfare League of America supports these as an interim step to society's full assumption of responsibility for all children in need of care and protection.

7. "Conclusion"
(Pages 18-19 Leavitt)

The Child Welfare League of America agrees with Mr. Leavitt's statement (page 18) that "thousands of needful children have gone unadopted" but it contradicts his inference that these thousands of children are white infants. They are not. The shortage of white infants for adoption is real, not artificial. It is real for reasons we have cited earlier. The thousands of needful children are also real but they happen to be older children, minority group children, those who are of mixed race, those who are physically, mentally, emotionally handicapped. They are those for whom the black market does not vie. They are ones who, then, do not come into the purview of Mr. Leavitt's proposal for he confines his to the baby market.

It is urgent that the baby black marketeering be eradicated; but it is likewise essential that this one aspect of adoption be viewed in the context of the total adoption scene. Mr. Leavitt's proposal, even were it otherwise viable, is narrow. It relates not at all to the thousands of other children who are in need of parents.* These children, identified by the League twenty years ago and in repeated trends studies* thereafter, are not white infants. A proposal that in no way connects itself with the milieu in which the black market is thriving is seriously delimited. Such a proposal consequently bears little pertinence to the reality of today's adoption scene.

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RATIO OF ADOPTION
TO POPULATION IN THE UNITED STATES DURING 1973, BY STATES

STATE	POPULATION (1970 Census)	TOTAL ADOPTIONS * (All races)	ADOPTIONS PER 100,000 POPULATION
1. INDEPENDENT ADOPTIONS ENCOURAGED			
California	19,715,000	5,647	28.6
Indiana	5,143,000	1,260	24.5
Wyoming	332,000	111	33.4
Iowa	2,825,000	1,279	45.2
2. INDEPENDENT ADOPTIONS PROHIBITED BY LAW			
Delaware	548,000	25	4.5
Connecticut	3,032.000	126	4.2
3. INDEPENDENT ADOPTIONS DISCOURAGED BY LAW			
New York	18,018,000	1,980	11.0
New Jersey	7,093,000	727	10.2
Pennsylvania	11,793,000	1,203	10.2
Massachusetts	5,630,000	569	10.1
Illinois	10,977,000	843	7.7

* Source: Opportunity -- A Division of the Boys and Girls Aid Society of Oregon
"National Survey of Black Children Adopted in 1973", Dated 12/2/74

FREQUENCY OF ADOPTION
1973 - SAMPLE

STATE	POP. (1970 CENSUS)	TOTAL ADOPTIONS	ONE ADOPTION PER
INDEPENDENTS ENCOURAGED			
CALIFORNIA	19,715,000	5647	3491
INDIANA	5,143,000	1260	4082
WYOMING	332,000	111	2990
OHIO	10,542,000	1885	5590
INDEPENDENTS PROHIBITED			
DELAWARE	548,000	25	21,920
CONNECTICUT	3,032,000	126	24,064
INDEPENDENTS DISCOURAGED			
NEW YORK	18,018,000	1980	9100
NEW JERSEY	7,093,000	727	9757
MASSACHUSETTS	5,630,000	569	9895
ILLINOIS	10,977,000	843	13,021

OPPORTUNITY - AN EDUCATIONAL AND DEMONSTRATION PROGRAM DEDICATED TO EXPANDING ADOPTION OPPORTUNITIES FOR NON-WHITE CHILDREN

A DIVISION OF THE BOYS AND GIRLS AID SOCIETY OF OREGON

2301 N. W. Glisan Street Tel (503) 222-[illegible] Portland, Oregon 97210

Inglw

NOTE Calif has almost 3 times as many adoptions as any other state

Reprint at Will December 2, 1974

NATIONAL SURVEY OF BLACK CHILDREN ADOPTED IN 1973

For a long time the number of black children placed for adoption increased every year. This ended in 1972 with a decrease of close to 20 percent. The latest survey shows a continuation of this decline with 23% fewer black children being placed.

	1969	1970	1971	1972	1973	Decrease 1972-1973
Total Children Placed	N.A.	N.A.	44761	36099	29809	17%
Total Black Children Placed	4336	6474	7420	6065	4655	23%
Placed with Black Families	2889	4190	4846	4467	3574	20%
Placed with White Families	1447	2284	2574	1569	1091	30%
Number of Reporting Agencies	345	427	468	461	434	

To provide comparative data the following table shows the placement activity of the 345 agencies which responded for both 1972 and 1973. These agencies reported a decrease of 18% in the number of black children placed.

	1972	1973	Decrease
Total Placed	25579	21684	15%
Total Black Placed	4305	3540	18%
Total Black Placed - Black Families	3146	2720	14%
Total Black Placed - White Families	1159	821	29%

It is notable that these 345 agencies reported that all placements declined only 15%. The rate of decline was 20% greater for black children than for other children. This is the second consecutive year in which black placements decreased at a rate faster than white placements. Although the total number of children available for adoption has gone down since 1971, Opportunity has uncovered no information suggesting that black children decreased more than white. To the contrary, the responding agencies reported a heavy backlog of black children who had been waiting for adoption for more than thirty days. Whereas black children comprised substantially less than 20% of all children placed, they comprised 40% of the combined backlog. Naturally, this varied widely from agency to agency. Quite a few agencies markedly increased the number of black children they were able to place. Many agencies reported no backlog of black children available for adoption.

INTERRACIAL ADOPTIONS *

Comments by the responding agencies clearly show that the 58% decrease in interracial placements in two years did not result from a scarcity of black children or an abundance of black families but from specific changes in the policies and practices of many agencies. The continuing shortage of black adoptive homes is underscored by The Child Welfare League of America which reports that the agencies participating in its study for the last half of 1973 approved only 60 non-white adoptive homes for every 100 non-white children accepted for adoptive planning. Despite the shortage of black homes some agencies do not consider white adoptive applicants under any circumstances. They believe that it is better for black children to remain in foster homes or institutions if black adoptive homes are not available. Other agencies have no formal policy but their practices discourage all but a few interracial placements. The majority seem to be in doubt, uncertain as to the best course to follow. A substantial minority evaluates all families for black children on the premise that each child is entitled to a loving permanent home, if one can be found. It is interesting to note that the agencies in 20 states reported placing as many or more black children in 1973 as in 1972 despite the drop in the number of children becoming available for adoption. There were 18 states who actually increased the number of interracial placements reported.

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* OPPORTUNITY uses interracial which suggests a "blending" in preference to transracial which connotes a bridge over a chasm.

OPPORTUNITY

U.S. CENSUS REGIONS & STATES	NO. OF AGCS.	TOTAL CHILDREN PLACED	BLACK CHILDREN PLACED IN BLACK HOMES	BLACK CHILDREN PLACED IN WHITE HOMES
New England	32	1342	64	55
Connecticut	5	126	20	3
Maine	4	162	0	3
Massachusetts	15	569	26	35
New Hampshire	2	161	3	0
Rhode Island	2	132	13	8
Vermont	4	192	2	6
Mid Atlantic	117	3910	1011	333
New Jersey	7	727	196	53
New York	44	1980	639	167
Pennsylvania	66	1203	176	113
E. N. Central	118	6798	840	227
Illinois	18	843	268	42
Indiana	9	1260	85	27
Michigan	20	1824	212	38
Ohio	63	1885	264	86
Wisconsin	8	986	11	34
W. N. Central	37	3958	148	107
Iowa	9	1279	29	39
Kansas	1	213	36	9
Minnesota	7	1143	10	24
Missouri	7	551	55	11
Nebraska	8	348	16	13
No. Dakota	3	262	2	8
So. Dakota	2	162	0	3
Pacific	38	6627	574	177
Alaska	1	72	1	2
California	24	5647	534	127
Hawaii	1	19	0	0
Oregon	6	427	7	33
Washington	6	462	32	15

U.S. CENSUS REGIONS & STATES	NO. OF AGCS.	TOTAL CHILDREN PLACED	BLACK CHILDREN PLACED IN BLACK HOMES	BLACK CHILDREN PLACED IN WHITE HOMES
S. Atlantic	42	2812	509	87
Delaware	2	25	5	0
Florida	4	827	99	27
Georgia	2	588	158	5
Maryland	17	317	42	19
No. Carolina	3	210	45	3
So. Carolina	2	266	59	0
Virginia	6	172	32	2
Wn. D. C.	5	195	45	12
West Virginia	1	212	24	19
E. S. Central	12	868	105	20
Alabama	1	46	7	1
Kentucky	3	564	55	18
Mississippi	1	81	30	0
Tennessee	7	177	13	1
W. S. Central	19	1963	278	27
Arkansas	1	202	47	2
Louisiana	1	41	19	2
Oklahoma	4	391	46	5
Texas	13	1329	166	18
Mountain	19	1531	45	58
Arizona	4	239	12	10
Colorado	2	95	5	9
Idaho	1	134	2	2
Montana	3	206	0	6
Nevada	1	123	7	5
New Mexico	1	145	9	12
Utah	4	478	6	2
Wyoming	3	111	4	2
TOTAL BLACK CHILDREN PLACED			4665	
GRAND TOTALS	434	29809	3574	1091

His Name is Today

Gabriela Mistral
Nobel Prize-winning Poet from Chile

"We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountain of life. **Many of the things we need can wait. The Child cannot.** Right now is the time his bones are being formed, his blood is being made and his senses are being developed. To him we cannot answer, 'Tomorrow'. His name is 'Today'."

THE INTERSTATE COMPACT
ON THE
PLACEMENT OF CHILDREN

AMERICAN PUBLIC WELFARE ASSOCIATION

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THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Finding suitable homes for children who have lost or never had them is a problem with many facets. Most often it has been thought of as an illegitimate infant or one from a broken marriage. Frequently it's a child removed from parental neglect or abuse. Sometimes, it is a child who needs special care or services.

Public attention to the problem rides up and down like a roller coaster. It is intense in times of outcry against black markets in babies; it tails away to nothing when the supply of the more sought after children nears exhaustion. The belief then becomes widespread that the problem is solved because every child who can expect to have a home has been provided with one. But such thoughts are illusions. They are based on a skewed perception of the human needs involved.

The would-be parents and children have needs for love, security, and fulfillment that can be met only when children in need of placement are matched with adults who can care for them. Thus there is always a shortage. Sometimes it is of children to satisfy the needs of would-be adoptive or foster parents. At other periods the shortage is of parents for children who are less readily placed because of handicap or because they are from minority groups. There is also a continuing need to find homes for older children hitherto less often placed but who need family environments fully as much as do infants.

Satisfying the material, emotional and spiritual needs of children who must have families and of adults who want youngsters through foster parenthood or adoption produces a never ending series of searches. Most often they are carried on in the relatively small geographic areas surrounding the living places of the people immediately involved. The child caring and placement agencies (public or private) which may provide assistance or supervision are also local or those of a single state.

But experience shows that neither the needs of children nor adults can be met by restricting child placement services and supervision to the territory of any single state. A variety of circumstances makes interstate placements of children essential and offers compelling reasons for an interstate compact under which the jurisdictional, administrative and human rights and obligations involved can be protected. The Interstate Compact on the Placement of Children, which by 1974 had been enacted in 24 states, is that compact. The Compact's text is reproduced in full at the end of this statement.

The most obvious reason why interstate placements are necessary is that almost never is the number of children requiring placements and the numbers and kinds of adults anxious and able to receive them in balance within any state or local area. If the surplus in either group is to be accommodated, its fulfillment must be found in another state.

Another circumstance of increasing importance is that families move, including many with children whose adoptions have not yet been perfected or who are in foster care not intended to eventuate in adoption. In the absence of the Interstate Compact on the Placement of Children such families face undesirable alternatives:

1. They may forego the move and so lose employment, career advancement or other personal benefits or necessities; or
2. They may leave the children behind thereby denying their own needs and those of the children; or
3. They may take the children with them (in some cases illegally) and create situations in which the normal legal and administrative protections surrounding the placement are lost.

The Interstate Compact on the Placement of Children is a legally and administratively sound means of permitting child placement activities to be pursued throughout the country in much the same way and with the same safeguards and services as though they were being conducted within a single state.

The Compact applies to placements preliminary to possible adoptions, placements in foster care where no adoption is contemplated, and institutional placements of adjudicated delinquents needing special services or programs not available within the state.

In brief, the Compact requires notice and ascertainment of the suitability of a placement before it is made; allocates in specific fashion the legal and administrative responsibilities during the continuance of an interstate placement; provides a better basis for enforcement of rights and responsibilities than now exists and authorizes joint actions of the administrators in all party states to further effective operations and services when either public agencies or private persons and agencies in more than one state are involved in a placement situation.

A single state acting alone is unable to effectuate similar procedures and safeguards because of its inability to give its courts and administrative agencies authority beyond its own territory. This is a jurisdictional limitation which is not overcome by the Full Faith and Credit Clause of the United States Constitution. Although Article IV, Section 1 of the Constitution provides that "Full Faith and Credit shall be given in each State to the public Acts, Records, and judicial Proceedings of every other State", this is not a proclamation that each state must enforce the laws of her sister states.

Full Faith and Credit applies only when a state's proceeding has had a jurisdictionally valid basis. Riley v. N. Y. Trust Co., 315 U.S.

343 (1941) It is not a grant which extends jurisdiction where none otherwise exists In the absence of a multilateral law such as that of the Compact, jurisdistion can, in general, only be obtained when the parties and/or the subject of the controversy are within the state's territorial boundaries McDonald v Mabee, 243 U.S. 90 (1917). That an interstate compact can validly confer extraterritorial jurisdiction has, however, been reaffirmed many times, e g Gully v Apple, 213 Ark 350 (1948), Ex parte Tenner, 20 Ca2d 670 (1942). Accordingly, the Interstate Compact on the Placement of Children, which becomes valid law in each of the party states, grants the requisite jurisdiction to all of them to solve a number of specific problems encountered in interstate placements

1. **Unilateral laws seeking to regulate placements into other states or to restrict placements into the state from other states have no effect beyond the single state's borders.** Many states, recognizing the need for some regulation of interstate placements have enacted child importation and exportation statutes In general, these laws require that no child may be placed into or out of the state without consent of its public welfare agency Consent is conditioned upon notification of the intended placement containing sufficient information for the agency to make a determination that it will not be undesirable There is scant means of insuring compliance The frequent statutory authorization for bond is largely ineffective, either because it is ignored or waived and because at best, it cannot substitute for any but the financial aspects of placement obligations

For example, there is nothing to compel the sending agency or person located in another state to comply with notice requirements Without prior notification, the state in which the child is placed has no opportunity to make any preplacement investigation Thus, a child often arrives in the state without any determination being made as to the appropriateness of the environment. Such placements will frequently go entirely undetected and unsupervised until after something has gone wrong Only then does a tragic situation come to the attention of the authorities Often, those who should be responsible for taking remedial action are in another jurisdiction and cannot be reached by either administrative or court procedures. Furthermore, when a child is being placed out of a state, the state of origin has no assurances of the adequacy of the preplacement services in the receiving state, or even of obtaining any

The ineffectiveness of these unilateral attempts to regulate interstate placements is indicated by the fact that although 29 states have importation statutes and 9 have exportation statutes, there have been very few attempts to enforce them See In Re Adoption of Lunger, 28 N J Super 614 (1953) (Statute making it misdemeanor to place children in state without prior approval cannot be applied against placement agency located outside the state). In Re Blalock, 283 N C 493 (1951) (Had nonresident violators of exportation statute not placed themselves within the courts jurisdiction, their motion to dismiss would probably have been granted for lack of jurisdiction).

In contrast, the Compact provides a legally enforceable procedure for insuring that sufficient information is furnished for a determination as to the suitability of the placement (Art. III). Accordingly, there is assurance of having a sufficient determination that the prospects for the placement are satisfactory.

2. A state has no means of monitoring the performance of those who are caring for a child placed in another state. In the absence of the Compact, the sending state has no way of insuring that an agency or foster parents in another state are meeting their responsbilities toward the child. In general, one state cannot enforce the laws of another state in any affirmative sense. United States v. Constantine, 296 U S 287 (1935). The Compact provides the necessary authority for establishing legally sound agency relationships among public and private entities in the sending and receiving states and also makes valid the enforcement of the appropriate laws of either state in both the sending and receiving jurisdictions. See Bartkus v. Illinois, 359 U S 121 (1959), Abbate v. United States, 359 U S 187 (1959). (Punishing a given course of conduct in more than one jurisdiction not barred by the double jeopardy provision of the Fifth Amendment). This secures a means of assuring that information and supervision will be a practical reality. Furthermore, because the Compact becomes law in each of the party states, enforcement of its provisions by any one of them is actually enforcement of that state's own law.

3. Laws fixing responsibility for education, care or support of the child do not apply. Should a child be brought into a state without prior notification and arrangements, the state in which he is placed would ultimately bear the responsibility for meeting the child's welfare needs. Indeed, because absence of legal residence is not sufficient grounds for denying welfare assistance, the child has a right to the same basic support as would be provided a child already residing in the state. Shapiro v. Thompson, 394 U.S. 618 (1969). That support of a child placed from another state is a matter of concern is attested to by the fact that most of the importation statutes provide that the sending agency or person shall remain financially responsible for the child. Such an attempt to fix responsibility is often practically unavailing because it is unenforceable except by forfeiture of the bond. The Compact, which legally fixes financial responsiblity with the sending agency, gives the receiving state a superior means to any other now existing of enforcing child support from the persons or agencies which should have the obligation

4. Jurisdistion over the child ends at the state line. In the absence of the Compact, the sending state can no longer reach the child once he is placed out-of-state. Should a placement go bad, the state-of-origin has no means to effect removal of the child to a better environment or, if need be, to compel his return. Formerly, a child was considered to have no rights in regard to such a situation. He could be shifted about or placed at will but only by authorities who could assert jurisdiction over him. More recently, it has become established that, in addition, juveniles are entitled to a measure of due process. McKeiver v. Pennsylvania, 403 U.S. 528 (1971); In the Matter of Winship, 397 U.S. 358 (1970); In Re Gault, 387 U.S. 1 (1967). Consideration must now be given to the child's rights to proper procedures before he can be placed in a home or removed to another. Although this has always been desirable as good policy, it is now required by law. The Compact provides for the application of proper procedures consistent with the child's legal rights. It insures that the child's interest in protection from a bad placement situation will not go unremedied.

The Interstate Compact on the Placement of Children does not purport to supplant existing child placement laws, but rather is a valuable supplement to them. The Compact does not attempt to deal with all aspects of placements but only with those of particular significance for interstate situations. For example, although Stanley v. Illinois, 405 U.S. 645 (1972), is of great consequence in the field of child placement, it has no special bearing on the operation of the Compact. Such matters as relinquishment of parental rights or licensing of agencies, although of great concern in child placement are of equal importance whether the placement is intrastate or interstate. Those placement matters which are not uniquely of interstate concern remain within the realm of individual state action. The Compact provides the necessary legal framework for placements in which more than one state is involved, thereby improving protection for children and those who care for them.

TEXT OF INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

ARTICLE I. Purpose and Policy

It is the purpose and policy of the party states to cooperate with each other in the interstate placement of children to the end that:

(a) Each child requiring placement shall receive the maximum opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care.

(b) The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child.

(c) The proper authorities of the state from which the placement is made may obtain the most complete information on the basis of which to evaluate a projected placement before it is made.

(d) Appropriate jurisdictional arrangements for the care of children will be promoted.

ARTICLE II. Definitions

As used in this compact:

(a) "Child" means a person who, by reason of minority, is legally subject to parental, guardianship or similar control.

(b) "Sending agency" means a party state, officer or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought any child to another party state.

(c) "Receiving state" means the state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

(d) "Placement" means the arrangement for the care of a child in a family free or boarding home or in a child-caring agency or institution but does not include any institution caring for the mentally ill, mentally defective or epileptic or any institution primarily educational in character, and any hospital or other medical facility.

ARTICLE III. Conditions for Placement

(a) No sending agency shall send, bring, or cause to be sent or brought into any other party state any child for placement in foster care or as a preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein.

(b) Prior to sending, bringing or causing any child to be sent or brought into a receiving state for placement in foster care or as a preliminary to a possible adoption, the sending agency shall furnish the appropriate public authorities in the receiving state written notice of the intention to send, bring, or place the child in the receiving state The notice shall contain:

(1) The name, date and place of birth of the child.

(2) The identity and address or addresses of the parents or legal guardian.

(3) The name and address of the person, agency or institution to or with which the sending agency proposes to send, bring, or place the child.

(4) A full statement of the reasons for such proposed action and evidence of the authority pursuant to which the placement is proposed to be made

(c) Any public officer or agency in a receiving state which is in receipt of a notice pursuant to paragraph (b) of this article may request of the sending agency, or any other appropriate officer or agency of or in the sending agency's state, and shall be entitled to receive therefrom, such supporting or additional information as it may deem necessary under the circumstances to carry out the purpose and policy of this compact.

(d) The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the sending agency, in writing, to the effect that the proposed placement does not appear to be contrary to the interests of the child.

ARTICLE IV. Penalty for Illegal Placement

The sending, bringing, or causing to be sent or brought into any receiving state of a child in violation of the terms of this compact shall constitute a violation of the laws respecting the placement of children of both the state in which the sending agency is located or from which it sends or brings the child and of the receiving state.

Such violation may be punished or subjected to penalty in either jurisdiction in accordance with its laws. In addition to liability for any such punishment or penalty, any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place, or care for children.

ARTICLE V. Retention of Jurisdiction

(a) The sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law. The sending agency shall continue to have financial responsibility for support and maintenance of the child during the period of the placement. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein.

(b) When the sending agency is a public agency, it may enter into an agreement with an authorized public or private agency in the receiving state providing for the performance of one or more services in respect of such case by the latter as agent for the sending agency.

(c) Nothing in this compact shall be construed to prevent a private charitable agency authorized to place children in the receiving state from performing services or acting as agent in that state for a private charitable agency of the sending state; nor to prevent the agency in the receiving state from discharging financial responsibility for the support and maintenance of a child who has been placed on behalf of the sending agency without relieving the responsibility set forth in paragraph (a) hereof.

ARTICLE VI. Institutional Care of Delinquent Children

A child adjudicated delinquent may be placed in an institution in another party jurisdiction pursuant to this compact but no such placement shall be made unless the child is given a court hearing on notice to the parent or guardian with opportunity to be heard, prior to his being sent to such other party jurisdiction for institutional care and the court finds that:

1 Equivalent facilities for the child are not available in the sending agency's jurisdiction: and

2 Institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship

ARTICLE VII. Compact Administrator

The executive head of each jurisdiction party to this compact shall designate an officer who shall be general coordinator of activities under this compact in his jurisdiction and who, acting jointly with like officers of other party jurisdictions, shall have power to promulgate rules and regulations to carry out more effectively the terms and provisions of this compact

ARTICLE VIII. Limitations

This compact shall not apply to

(a) The sending or bringing of a child into a receiving state by his parent, step-parent, grandparent, adult brother or sister, adult uncle or aunt, or his guardian and leaving the child with any such relative or non-agency guardian in the receiving state

(b) Any placement, sending or bringing of a child into a receiving state pursuant to any other interstate compact to which both the state from which the child is sent or brought and the receiving state are party, or to any other agreement between said states which has the force of law

ARTICLE IX. Enactment and Withdrawal

This compact shall be open to joinder by any state, territory or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and, with the consent of Congress, the Government of Canada or any province thereof It shall become effective with respect to any such jurisdiction when such jurisdiction has enacted the same into law Withdrawal from this compact shall be by the enactment of a statute repealing the same, but shall not take effect until two years after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the Governor of each other party jurisdiction Withdrawal of a party state shall not affect the rights, duties and obligations under this compact of any sending agency therein with respect to a placement made prior to the effective date of withdrawal

ARTICLE X. Construction and Severability

The provisions of this compact shall be liberally construed to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

STATE ENABLING LEGISLATION

Following is the draft of an enabling act. Its purpose is to put the compact into effect and to relate its provisions to the organizational structure and operating procedure of the ratifying state. To accomplish this purpose, the language of the enabling act must vary from state to state.

In contrast, the language of the compact proper—as distinguished from the enabling act—should be adopted verbatim by all ratifying states so that possible legal difficulties may be avoided.

SUGGESTED DRAFT FOR ENABLING ACT

[Title should conform to state requirements]

(Be it enacted, etc.)

Section 1. The Interstate Compact on the Placement of Children is hereby enacted into law and entered into with all other jurisdictions legally joining therein in form substantially as follows:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

[At this point insert the exact text of the compact as shown]

Section 2. Financial responsibility for any child placed pursuant to the provisions of the Interstate Compact on the Placement of Children shall be determined in accordance with the provisions of Article V thereof in the first instance. However, in the event of partial or complete default of performance thereunder, the provisions of [State laws fixing responsibility for the support of children] also may be invoked.

Section 3. The "appropriate public authorities" as used in Article III of the Interstate Compact on the Placement of Children shall, with reference to this state, mean the [insert name of appropriate state agency] and said [agency] shall receive and act with reference to notices required by said Article III. [Add such additional enforcement provisions as may be necessary.]

Section 4. As used in paragraph (a) of Article V of the Interstate Compact on the Placement of Children, the phrase "appropriate authority in the receiving state" with reference to this state shall mean the [insert name of appropriate official or agency].

Section 5. The officers and agencies of this state and its subdivisions having authority to place children are hereby empowered to enter into agreements with appropriate officers or agencies of or in other party states pursuant to paragraph (b) of Article V of the Interstate Compact on the Placement of Children. Any such agreement which contains a financial commitment or imposes a financial obligation on this state or subdivision or agency thereof shall not be binding unless it has the approval in writing of the [chief state fiscal officer] in the case of the state and of the chief local fiscal officer in the case of a subdivision of the state.

Section 6. Any requirements for visitation, inspection or supervision of children, homes, institutions or other agencies in another party state which may apply under [cite appropriate provisions of statute] shall be deemed to be met if performed pursuant to an agreement entered into by appropriate officers or agencies of this state or a subdivision thereof as contemplated by paragraph (b) of Article V of the Interstate Compact on the Placement of Children.

Section 7. The provision of [cite statutes restricting out-of-state placement] shall not apply to placements made pursuant to the Interstate Compact on the Placement of Children.

Section 8. Any court having jurisdiction to place delinquent children may place such a child in an institution in another state pursuant to Article VI of the Interstate Compact on the Placement of Children and shall retain jurisdiction as provided in Article V thereof.

Section 9. As used in Article VII of the Interstate Compact on the Placement of Children, the term "executive head" means the [Governor]. The [Governor] is hereby authorized to appoint a compact administrator in accordance with the terms of said Article VII.

Section 10. [Insert effective date.]

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April 30, 1975

Hon. Walter F. Mondale, Chairman
Subcommittee on Children and Youth
United States Senate
Washington, D.C. 20510

Dear Senator Mondale:

As you requested at the hearing on Black Market Baby Sellers yesterday, I am enclosing the figures indicating the correlation between the frequency of adoption in the various states and their attitudes toward independent placements.

You will notice that the states which encourage independent adoptions enjoy two or three times as many adoptions per unit of population as the states which discourage the procedures. The encouraging states have seven to ten times as many adoptions per unit of population as the states which outlawed independent placements completely (prior to 1973, the only year for which the adoption totals are available.)

Several important states, such as California, Florida and Pennsylvania, have joined the Interstate Compact on the Placement of Children within the past six months.

Although much of the evidence of baby selling involved lawyers (or ex-lawyers) in these states, it is to be observed that there was no evidence of even a single case before your subcommittee of such misconduct where both the state of the child's birth and the state of the adopting parents' residence were members of the Compact! (All of the abuses before the committee occurred before the states in which they took place joined the compact).

You will also notice that virtually all the "buyers" in the Black Market reside in those states which discourage independent placements by legislation ostensibly designed to eliminate baby selling. At the same time, there are no "buyers" in those states where independent placements are encouraged.

Now that the really important states have finally joined, I believe the Compact should be given a chance to prove itself before the independent adoption process and the overwhelming majority of honest and excellent adoptions produced thereby are outlawed or hamstrung. If after a fair trial, the Compact fails to prevent interstate baby selling, effective federal legislation will obviously be required -- and I will support it.

As you also requested, I am preparing a more comprehensive statement of my views, which will follow shortly.

Thank you very much.

Sincerely,

David Keene Leavitt

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RATIO OF ADOPTION

TO POPULATION IN THE UNITED STATES DURING 1973, BY STATES

STATE	POPULATION (1970 Census)	TOTAL ADOPTIONS * (All races)	ADOPTIONS PER 100,000 POPULATION
1. INDEPENDENT ADOPTIONS ENCOURAGED			
California	19,715,000	5,647	28.6
Indiana	5,143,000	1,260	24.5
Wyoming	332,000	111	33.4
Iowa	2,825,000	1,279	45.2
2. INDEPENDENT ADOPTIONS PROHIBITED BY LAW			
Delaware	548,000	25	4.5
Connecticut	3,032.000	126	4.2
3. INDEPENDENT ADOPTIONS DISCOURAGED BY LAW			
New York	18,018,000	1,980	11.0
New Jersey	7,093,000	727	10.2
Pennsylvania	11,793,000	1,203	10.2
Massachusetts	5,630,000	569	10.1
Illinois	10,977,000	843	7.7

* Source: Opportunity -- A Division of the Boys and Girls Aid Society of Oregon "National Survey of Black Children Adopted in 1973", Dated 12/2/74

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July 28, 1975

Senator Walter F. Mondale
Chairman
Subcommittee on Children & Youth
Washington, D.C. 20510

RE: Adoptive Information

Dear Dr. Mondale:

The following is the enclosed information that you requested in your letter of May 21, 1975 subsequent to my testimony before your subcommittee.

It took quite sometime for my secretary to pull the necessary files and go through them to obtain the necessary information. The files are not included in categories once they are closed and therefore, you can realize how time consuming the project was. We have a very large volume of cases in a very diversified practice.

1. In 1973 there were 28 placements. I took the date of birth of the infant to ascertain the year involved. However, many of the situations in 1973 were hold overs from 1974 of situations that were pending when the children were born in January and early February of 1973. In 1974 I placed 23 infants, again some were hold overs from 1973 as in the preceding year.

2. I have been handling adoptions for approximately 8 1/2 years as part of my legal practice. Of course, as in other aspects of my practice, the adoptive situations grew in number as the years went on and more and more people contacted me relative to same.

3. Yes, there were years in which I placed more than 12 babies with the peak years being 1973 and 1974.

4. The largest number of babies I have placed in one year was 28 in 1973.

5. In 1974 there were 11 girls that I actually cared for out of the 23 placements that I made. Six of the girls were from the State of Florida and 5 of the girls were from other states.

6. Of the 5 girls that I cared for who were not from the State of Florida, one came from Louisiana, one from Illinois, one from New Jersey, one from Ohio, and one from Virginia.

7. In 1974 17 children were placed for adoption by me by parents who lived outside the State of Florida.

8. The approximate total fees earned during 1973 was in the amount of $43,094.54. There was an additional $1,400.00 which were included in fees (making a grand total of $44,494.54) but approximately $50.00 worth of long distance phone calls goes into each situation and therefore should be deducted from the total amount of fees received. Additionally, there was a loss in the approximate amount (hard to ascertain as records are not conclusive) of approximately $3,000.00 for girls who accepted support and maintenance and then for one reason or another, whether intentional or not, changed their minds. Therefore, the net attorney's fees for the 28 cases handled was $40,094.54 which is an approximate average of $1432.00. In 1974 the fees, after deducting approximately $50.00 in phone calls for each of the 23 cases came to $57,715.69 that's approximately $2,000.00 for support and maintenance of girls who had inadvertently changed their minds for a total of $55,715.69 or approximately $2,421.00 each situation.

Please bear in mind that most of the girls were with me a considerable length of time and some up to 7 months.

9. The questionaire requested of the adoptive parents includes the following:

Legal name and address of both parents, the ages of both, their religions, the length of time that they were married; whether or not they have any other children either natural or adopted. The height, weight, color of hair and eyes of both individuals; the extent of formal education of both individuals, the occupations of both, hobbies, reason that they desire to adopt, the general health of the prospective adoptive parents (sometimes require a physician's report on their health), inquiry into possible drug or alcoholic abuse and a special inquiry to elicit additional information from the prospective adoptive parents which may tend to help me in my endeavor to match up the prospective adoptive child with that of the background of the parents so that they would be compatible.

A similar questionaire is given to the natural mother (and father if known and agreeable) at the time of my interview.

I hope that this information will help you in any possible legislation now pending. Of course, I am sure that you realize that Florida has just passed new laws pertaining to Interstate adoption, but without the foresight to request testimony from both sides. They took testimony only from the agencies and not from anybody handling independant adoption.

Please realize that all of the above information was not myself as sole practitioner but my firm which also handles many other phases and aspects of law.

Very truly yours,

Robert H Burns

ROBERT H. BURNS

RHB/aps

Senator MONDALE. Our next witnesses will be a panel of parents. We have Mrs. Sharon Horner from Philadelphia and Mr. and Mrs. Alan B. Lesser from Audubon, Pa.

Mrs. Horner, if you will proceed.

STATEMENT OF SHARON HORNER, PHILADELPHIA, PA., AND MR. AND MRS. ALAN B. LESSER, AUDUBON, PA., A PANEL

Mrs. HORNER. Having two adopted children, 8 years ago I joined the adoptive parents group to become acquainted with other adoptive parents and further my own knowledge about adoption in our society. I became very active in the group and then assumed the job of helping prospective adoptive couples work through their feelings about adoption and guide them through agency and private adoptive placement. As there were fewer and fewer children available for adoption, I started to hear from these couples horrendous stories of black market adoption.

Definition of black market adoptions from the adoptive parents' point of view is a child that is sold to the highest bidder or a child that is sold at a very high price.

We realize that this is only considered gray market adoption; however, when you are charged $10,000 or $15,000 for services that should only cost $500 to $1,000, we feel that this is black market adoption.

Black market adoption also means a child that is taken from a biological parent under pressure even if this child is not sold at black market prices. No adoptive parent wants a child that is taken from a biological parent; they only want a child that is relinquished because the biological parent feels that this is best for themselves and for the child.

A legal adoption in our terms is a child that is willingly placed for adoption and a fee that should not exceed $1,000.

The psychological need for a child in our society is very great; we are brought up from infancy with the idea to marry, have children, and live happily ever after. This system is changing, but still has not affected attitudes of many young married couples. Their need for a child is such a driving need that it becomes an obsession. People who cannot adopt because they do not have $10,000 or $15,000 begin to feel inadequate because of biological and financial failures. Their whole life revolves around conception, even if conception is an impossibility.

The effects on people who adopt black market are devastating. One effect is, of course, financial; many people go into debt way over their heads; they borrow on their homes, cars, from parents, relatives, etc. Some of these people can never pay the money back. How do they react to the child after this happens? They may resent the child; they may resent society for placing them in this position. There is also the constant fear of losing their child because they perjured themselves in court. They are fearful every time there is a shakeup of the adoption system, because at this time the fact that they perjured themselves can emerge, or the biological parent could decide to contest the adoption because of the perjury. It is easy to be here and say the court and biological parent do not want the child back; it is not easy when you are talking about your child.

Another problem with black market adoption is what do you tell your child when he asks, "Where is my mother" and "Where is my father"? Do you tell him you could not get that information because he was picked up in a parking lot with the understanding that no questions would be asked? When he asks what you paid for him, do you put a $10,000 price tag of his head, making him a salable object instead of a human being? Do you lie and paint a rosy picture and pray that he will never find out the truth?

Some of the lawyers I have spoken to have made such statements as "My price is $10,000, plus hospital expenses. Had you called 3 months ago, it would have been $7,000, but you understand about supply and demand." Another lawyer said, "If you really wanted the child, you would find a way to pay my fee." Another lawyer said, "Take it or leave it. I have five other couples."

Comments such as there are common among black market lawyers. Lawyers' fees are frequently buried in nonexistent hospital bills and empty promises of forwarding money to the biological mother.

Financial arrangements with black market lawyers are under the table. These lawyers will accept $1,000 or $2,000 by check, but the rest must be cash on delivery. Another problem that is run into with black market adoption is a child who is biracial and the fact that the adopting parents do not know. Biracial adoption is fine if this is what you are looking into, but to expect a Caucasian child and then to realize in a few months that the child is not Caucasian is a very difficult situation to deal with. These children in most cases are kept by the adoptive parents because this is their child and they love him.

In some cases the child is given up because the adoptive parents

In some cases however, the child is given up because the adoptive parents just cannot cope. Those that keep the child have to deal with a very difficult situation. Had they known this situation beforehand, the adoptive parents could have exercised the necessary preparation.

Auction blocking is a practice which is becoming more and more common. When a child is born, the lawyer will call a couple and say their child was born; it is a boy/girl, but there is a slight problem and he will need $2,000 more. He will then say he has another interested couple who will pay the extra fee.

The first couple will meet the price and then the second couple will be contacted and told their child has been born but there is a problem and his expenses will be $4,000 more.

It ends with the high bidder getting the child. The other couple is told that the biological mother decided to keep the child, or that another couple could pay more.

I have lost two children through black market. Although I have never had a miscarriage, I can only compare it to that, only worse because I knew the sex of my children and their vital statistics.

I also knew that I would wait a year or more before I would hear of another child. It is very frustrating to rely on strangers for your family. It is emotionally frustrating to feel you are both physically and financially unable to have a family.

People who lose a Caucasian child because of black market today know that they have a long, long wait before they hear of another child.

We are trying to educate people into biracial adoption, the older child, the handicapped child. This is a very difficult task; although people are becoming more open minded every day. It is very difficult for a young couple going for their first child.

I thank you all very much and would be most happy to answer any of your questions.

I have spoken to the Chairman-elect of the Bar Association in Philadelphia. I offered him a list of five names of lawyers who are practicing black market adoption. He told me I do not want them.

I asked him why. It was unbelievable. He said we just had an ambulance chasing scandal. We cannot afford another scandal.

WCAU went to Mr. Fitzpatrick, in our DA's office. Again there was no response. They wanted no part of it. It is not very important to them.

One of the things that we were told was that if we could get a couple to come up and show a $10,000 withdrawal from their bank account, then they might prosecute.

You have to remember that most people do not have $10,000. Maybe they have $1,000 or $2,000 in the bank. The rest they borrow from friends and relatives, parents, a little from the bank. That is not good enough they told us.

The State government and the city government will not prosecute. I feel if we had a federally controlled board where couples could complain of black market procedures, then the people would come forward. They would come forward because they would know that there would be prosecutions.

I also feel very strongly that we should have a Federal tax deduction for all adoptions. Many people are penalized because they cannot afford adoptions.

Senator MONDALE. Thank you very much for your statement.

Unfortunately I have to leave in about an hour.

Mrs. Lesser, I have read your statement, and it will be included in the record in its entirety at the conclusion of your testimony.

After listening to the testimony today, what factors do you suggest we consider in attempting to deal with this problem?

Mrs. LESSER. I have a couple of questions in my mind. I felt the only way to handle this black market situation was to completely get rid of the gray market. I did not see any other way of controlling it, but I also see Sharon's viewpoint of the problems that you can have within agencies.

I have never personally gone through an entire investigation by an agency, but I have heard many stories, and it can be humiliating.

There can be some problem in your family that a particular person in the agency can blow out of proportion. You may have an interfaith marriage, etc.

Right then and there you can either find another agency, or you have to go to a lawyer. So I do not know exactly where it should stand. That is the main problem that has been going through my mind.

Senator MONDALE. Would you agree that our key consideration should be the child's welfare?

Mrs. LESSER. Yes.

Senator MONDALE. Properly placing a child with a healthy family should be our primary concern.

Mrs. LESSER. I feel through an agency the child will almost always go to parents who are suitable, but most of the adoptive parents I know have not gone through agencies, and I also consider these parents suitable.

Senator MONDALE. We just heard from an attorney who claimed his fees strictly related to services rendered, and had nothing to do with profit.

I would like to ask both witnesses whether you thought the fee asked of you reflected simple costs and fees for actual services rendered or a profit from baby selling?

Mrs. LESSER. Personally, in my adoptions?

Senator MONDALE. Yes.

Mrs. LESSER. No. I feel that they were legal fees.

Senator MONDALE. Were you offered a child for $10,000?

Mrs. LESSER. Yes, we were.

Senator MONDALE. Did you take the child in that case?

Mrs. LESSER. No.

Senator MONDALE. Did you turn down that child because you felt they were trying to sell you a baby?

Mrs. LESSER. Yes. We told the lawyer just that.

Senator MONDALE. That is what your testimony points out.

Mrs. LESSER. Yes.

Senator MONDALE. I gather from what you said you would be willing to adopt if the fee were related to the services rendered, but you would not participate in a situation of buying babies.

That is about what you told me?

Mrs. LESSER. Right. I said I would not participate in anything that was illegal. I was willing to give money to the mother if it were legal, but I did not know that it was. The lawyer said this was legal.

Senator MONDALE. Did you have this experience, too?

Mrs. HORNER. Yes. There were two children that we turned down. They were $10,000, and to me this is selling a child.

Senator MONDALE. They asked $10,000 for each child?

Mrs. HORNER. Yes.

Senator MONDALE. How did they justify that fee?

Mrs. HORNER. He said his fee was $5,000, the girl was to receive $3,000, and the rest was medical.

Senator MONDALE. So in addition to a service fee for the girl, costs for baby fees and delivery, there was a $5,000 fee to the lawyer?

Mrs. HORNER. To the lawyer.

Senator MONDALE. Are you associated with an organization of adoptive parents in Philadelphia?

Mrs. HORNER. Yes.

Senator MONDALE. Have many parents had similar experiences? Are fee requests common?

Mrs. HORNER. It is becoming more and more common. That is how we became involved. We were just trying to make a list of reputable lawyers.

Most agencies are not taking names, and we felt if we had a list of good lawyers—but it did not work that way. The more lawyers, the more we called, the more they would tell us right over the phone they wanted between $8,000 and $10,000.

Senator MONDALE. Has the fee increased recently?

Mrs. Horner. Yes. I have not been directly involved with the black market for the past 6 months. We had a great deal of TV exposure, and I am really of no use in that field now. Almost everybody knows me.

Senator Mondale. They cannot use you any more?

Mrs. Horner. Right.

Senator Mondale. You would say that amount is a typical fee?

Mrs. Horner. Yes. I have been involved with the black market, particularly for 4 years now, and it is becoming more and more common.

Mrs. Lesser. Another problem I want to bring up is the fact that I personally called the district attorney's office in the county, and the Philadelphia district attorney's office and, as Sharon pointed out, they were not interested.

They said, if you want to go through your own investigation we will then perhaps listen. I am not going to go through my own investigation and stick my neck out that far.

Then I decided I would call the FBI because I felt it was a Federal crime selling babies. They also said they were not interested, and to call the DA's office.

Now, where do you go from there?

Senator Mondale. I think that is the responsibility facing this committee—proposing legislation which will protect against this kind of abuse.

I do not see any possible justification for permitting the practice of baby selling.

Our only concern should be the child's welfare—nothing else. Today we have heard testimony from many different parties each with a different point of view and experience. All indicate that this is a serious problem, with incidences of baby selling increasing. Since existing remedies for the problems are inadequate, everyone involved is exploited.

Your testimony and your courage in coming forth will help the committee a great deal.

Thank you very much.

[The prepared statement of Mrs. Lesser follows:]

Testimony of Mr. and Mrs. Alan B. Lesser
Audubon, Pennsylvania

An account similar to the following was delivered to a judge in his chamber at a Pennsylvania county court house in December, 1973.

Recently, a neighbor called me to let me know of an adoptable baby due to be born in January, 1974. This neighbor had been over a friend's house and overheard a conversation between the friend and her lawyer husband idicating that the couple planning to take this baby, could not do so. My neighbor told her friend that we would probably be interested in the baby.

I told my neighbor in the first conversation with her that I was most anxious to adopt this child and that she could give her friend's lawyer husband my name and number. But I also told my neighbor to let this lawyer know that he was not to call me unless he was going to offer me the child for a legal fee. She asked me what would be legal and I told her that over $750 for the legal fee was illegal. Beyond that, I expected to pay for medical bills for the mother and baby, and hospital stay for both. I realized that I might also have to pick up the baby and pay the travel costs if the infant were from out of state. All total, it wouldn't cost more than $3,000, unless, of course, there were very large medical bills and the baby was from very far away.

My neighbor said she would give the lawyer my name and information on how much I would be willing to pay for the adoption.

The next day my neighbor called me back to tell me that the lawyer wanted "much, much, more" so that he would not bother calling me.

October 31, 1973, I saw my neighbor and she told me that the baby(still unborn) still did not have adoptive parents picked out for it. I suggested that she let the laywer know that we would still like to have the baby for this legal fee and to call me if he couldn't find adoptive parents under his conditions.

My neighbor called me again around 9:00 AM, November 2, 1973, to tell me that her friend's lawyer husband would be calling me that morning to offer me the baby, which had been born two months premature. She told me that the baby was otherwise in good health. I asked her whether she told him we would only pay a legal fee, and she said "yes." I then assumed that if the child was truly in good health, we now had a new baby girl. I felt that at this point, he would not ask an outrageous fee.

I was understandably excited and called my husband to tell him that we were going to be offered a little girl. I nervously waited for the lawyer to call me. About 10:45 the lawyer friend of my neighbor called. He told me that he was only the associate of the lawyer that was handling this adoption. He was calling me because he knew I was probably on pins and needles. He told me that it was a breech birth and some other medical information neither of us understood. I reminded him that I would only pay what was legal.

He explained that the mother wanted money. I asked if this way legal and he said he didn't know. He is a new lawyer and didn't know anything about it. When his associate got back into the office, he would call me.

When the lawyer called me, I told him that his associate had told me some things about the baby. After a silence, he said it was "my nickel." I thought this was a rude statement for a supposedly dignified lawyer, and certainly out of order for someone who called me. I dismissed it and went on to ask him what the fee for the child would be. He said that the hospital bills would be quite high and that the mother wanted money. I said I would be willing to give the mother some reasonable amount of money if it were legal to do so.

The lawyer than acted as if he were deeply insulted that I would care to think he would do anything illegal. He shouted that he was from a reputable firm, and was certainly not going to take the money and run. He said that plenty of people would like to have this baby.

I said I was only asking if it were legal because I am not a lawyer and I wanted everything to be legal and right. An adoption is a serious business.

I said it sounds like a woman is selling her baby. The lawyer then said: "What's to stop a woman from selling her baby?" I said I thought it sounded very illegal to me. I then asked him how much the mother wanted. He calmed down to his normal speaking voice and told me, "It's not how much the mother wants. The whole package (deal) is $10,000." I told him we were not interested and hung up the phone.

After this testimony was given to the judge, I gave him some information on this adoptive child that might enable me to track down the child (probably still in the hospital). I wanted to know if there were any chances that I could still have this baby, now about 3 weeks old.

The judge said that he wouldn't want to have anything to do with this adoption if he were me. He left it at that.

As far as the "misconduct" of the lawyer, the judge said he didn't want to handle the situation himself, and that he would turn my report over to the Pennsylvania Bar Association.

I personally felt that my report should have gone, instead, to the district attorney's office for investigation. But the judge said that an investigation was probably out of the question because they just didn't have the manpower.

I personally called the city and county district attorneys' offices and they weren't even interested in listening to me. I then called the FBI thinking that, perhaps, babyselling was a Federal crime and something they might be interested in. They also were not interested and told me to call the DA's office.

The Disciplinary Board of the Supreme Court of Pennsylvania (Pennsylvania Bar Association) took over the case. It's been over one year now, and to my knowledge nothing has been done to bring people like this lawyer to justice.

I have heard of many, many cases of black market babies, but the adoptive parents are just not willing to give up any information. These people who pay these black market fees perjure themselves in court at the time of adoption, and also make it impossible for those who cannot afford these illegal fees to adopt a baby. It's a very sad situation for the adoptive parent.

But for the black market lawyer, and sometimes, doctor, it is a chance to prey upon the unfortunate souls who have gone through the sad realities of infertility and the inability to adopt through legitimate agencies (due to a shortage of adoptable babies).

SUGGESTED ACTION

After adopting two children through lawyers in the past three years, I can see nothing wrong with the so called "gray market." But I can see no other way of controlling the "black market" lawyer or doctor other than putting an end to both the gray and black market. Adoption, should, I suppose, only be in the hands of authorized agencies only because there is no other way of controlling people who wish to take advantage of the shortage in the market for babies.

Additional Statement of Mrs. Alan B. Lesser,
June 4, 1975

Senators, I would like to call to your attention another loophole in our present adoption laws that further complicates the committee's desire to bring the baby selling market to a halt.

Babies born in the United States are being sold to American adoptive parents with the adoptions being finalized in Mexico. If we choose to recognize these adoptions as legal (or even ignore them), the "black market adoption" will remain a problem to us in this country.

As an example of such an adoption, I would like to tell you the following story:

A friend of mine received a call from a woman who deals in adoptions finalized in Mexico. The woman was not a lawyer. Babies about seven or more months, born in the United States (mostly Florida), are given to American parents for $5,000 - $7,000. The woman explained to my friend that this fee takes care of medical fees, lawyer's fees, as well as the cost of care for these babies since birth. She explains that she waits till they are seven or more months to be sure the natural mother doesn't want the baby back. Travel fees are extra.

The baby is given to the adoptive parents. They then fly down to Mexico to stay there for the twenty-four hour residency requirement. A Mexican lawyer who has already drawn up the papers has them signed by the adoptive parents and then finalized. The adoption is legal in Mexico. Is it legal in the United States? No one knows, and the adoptive parents hope that no one questions it.

You all agree, Senators, that as members of a committee on children and youth, the welfare of the children is of prime concern.

The vast majority of these children go to fine homes, whether the means of adoption is through agencies, the "grey market", or the "black market". The investigations of adoptive parents through agencies somewhat diminishes the chances of a child going into an unfit home. So it should therefore follow that if our prime concern is for the children, we should merely turn over all adoptions to the agencies. Furthermore, the ugly practice of baby selling could easily be stopped at the same time.

But the preceding solution does not take into account the needs and rights of the biological mother and adoptive parents. The biological mother may not wish to go through the humiliation of an agency investigation. She may wish to give up her baby to a relative or place it directly into the hands of people she knows and trusts. And isn't this her right to do so? At the present time, agencies do not handle "relative" and "direct placement" adoptions. Perhaps they should.

"Direct placement" adoptions through lawyers present another loophole that could be used by the "baby seller". Mothers could then sell their babies directly to another party (they claim to know, but in truth do not) without the courts ever knowing about this. This problem could be somewhat remedied by having an agency thoroughly investigate the relationship between the biological mother and the prospective adoptive parents.

What about the rights and needs of the adoptive parents? Can agencies alone meet their needs? At the present time, the answer has to be "No". Religious agencies usually give children up to parents of that particular faith. If you happen to be Jewish, you chances of adopting through a religiously affiliated agency is next to none. The Jewish agency in my area places about two infants per year. They never give couples a child if they already have one.

Agencies in general look down upon mixed marriages. A couple may be denied a child because they cannot get along with their particular social worker who is handling their case. Perhaps the social worker is overly disturbed by something a couple has said during a home visit. No one person in an agency should be the deciding factor as to whether a couple should receive a child.

If agencies are to handle all adoptions some locations of the country will have far more adoptive babies than others. This means, for instance, that a Florida or California couple adopting through their agencies may have a baby in half the time a Pennsylvania couple has to wait. (Florida and California are nice places to go while an unwed mother is waiting for her baby to be born).

There is another solution to the problem of "baby selling" other than turning all adoptions over to agencies. But the following would not completely eliminate the problem.

A national agency with offices all over the country, such as the F. B. I., could be made to investigate all reports of black market adoption. There is always one couple who cannot or would not take a "baby seller" up on his offer -- a couple who is angry enough to report the incident to an investigative agency that will listen and see that the proper action is taken to bring the "baby seller" to justice. When one couple gets results, other angry couples will be more likely to report these "black market" incidents to the proper authorities. Also, in the process of bringing some "baby sellers" to justice, others may be frightened away.

Penalties for selling babies through the "black market" must be stiff. The courts must define "black market" in terms of the limit on the amount of money that can pass hands. Perhaps, as you've mentioned, Senators, some types of laws making it illegal to ship babies or pregnant women across state lines for selling children illegally would further diminish the black market adoption.

My husband and I were extremely pleased to hear of the Senate subcommittee meetings on "black market" adoptions. I have incorporated the thoughts of many of our friends and acquaintances living in New York and New Jersey and Hawaii who have tried to adopt, many with much difficulty.

It is reassuring to all of us that someone is now listening and trying to iron out this problem. My husband and I wish you luck in coming to the proper decisions in a problem that is quite complex. We will be glad to be of any further service in this matter.

Thank you for inviting my husband and I to the hearing.

Senator MONDALE. The committee stands in recess.

[Whereupon, at 1:30 p.m., the subcommittee recessed, to reconvene at 9:30 a.m., Tuesday, April 29, 1975.]

ADOPTION AND FOSTER CARE, 1975

Babyselling

TUESDAY, APRIL 29, 1975

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN AND YOUTH OF THE
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C.

The subcommittee met, pursuant to recess, at 9:40 a.m., in room 6226, Dirksen Senate Office Building, Senator Walter F. Mondale, subcommittee chairman, presiding.

Present: Mondale, Cranston, Laxalt, Stafford, and Randolph.

Senator MONDALE. The hearings will come to order. I understand that Senator Cranston has a statement.

Senator CRANSTON. Thank you, Mr. Chairman.

I want to congratulate you for calling these hearings on the immensely important issue of adoption practices in the United States.

The hearings of yesterday and this morning will be helpful in pointing out the consequences of our failure to eliminate barriers to adoption of children between individual jurisdictions in our Nation.

I am pleased that these hearings are only the beginning of a series of explorations to be undertaken by the Subcommittee on Children and Youth into the subject of adoption and foster care in America.

I look forward to working with you Senator Mondale on the legislation, that we are introducing today, the "Opportunities for Adoption Act of 1975," and on forthcoming hearings.

For the benefit of those taking part in this morning's hearings, I would like to highlight briefly the features of our bill, which also will be cosponsored by the chairman of the full Labor and Public Welfare Committee, Senator Williams, our ranking majority member, Senator Jennings Randolph, and our new minority member, Senator Paul Laxalt.

Among the provisions of the proposed bill are those which would: No. 1, set up a "Committee on Uniform Adoption Regulations" to review existing State adoption laws and practices, within the Department of Health, Education, and Welfare, and those which propose uniform regulations in order to remove barriers to interstate adoption; No. 2, provide States with Federal grants to help agencies assist adoptive parents in meeting the cost of rearing children with special needs, and to assist in meeting the cost of locating and freeing for adoption children who have been in foster homes or institutions for extended periods of time.

This adoption subsidy assistance would also help people meet the basic costs of placement, the costs of providing required prenatal and postpartum services to mothers who voluntarily place their children for adoption, the costs of counseling children or parents, and the costs of helping parents assume the responsibility of raising adopted children as their own; No. 3, the bill would establish a National Office of Adoption Information and Services in HEW to administer and evaluate the success of the grant assistance programs, coordinate Federal adoption and foster care efforts, and provide for the operation of a national adoption information exchange system.

I believe that one way to start eliminating the abuses of baby selling is to facilitate the permanent placement of children by removing the economic, legal, and other barriers which prompt many well-meaning persons to resort to such ends.

Our bill is designed to remove these barriers.

One closing word, Mr. Chairman. "Operation Babylift" has demonstrated that Americans care deeply about the youngest victims of the Indochina war. That concern presents the occasion for further probing our national conscience regarding the 120,000 young Americans needing adoption today. I am sure we all agree that these children are equally deserving of the same compassion and humanity that our Nation is showing toward the Vietnamese orphans.

Our legislation asks the American people to open their hearts and homes to our Nation's orphans with special needs, those who have not been adopted because of their age, race, or mental or physical defects, or because they are in legal limbo.

I am hopeful that we can move the bill through Congress quickly. Its enactment will spell hope to all the youngsters in foster homes or institutions throughout our Nation who are in need of adoption.

Thank you very much.

Senator MONDALE. Thank you very much, Senator Cranston, for a most valuable statement and for your introduction of pioneering legislation which will bring together the many needy children with the healthy families who desperately want children.

We learned from our testimony yesterday that there is huge profit in the baby selling business. We also learned that parents are often frustrated in their efforts to adopt through normal channels which can be filled with delay and bureaucratic redtape. One witness even suggested that agencies prefer to place children in foster homes rather than in permanent adoptive homes.

I am sure that these problems do not permeate the process, but as was mentioned 10 years ago when the Child Welfare League testified on this problem, there is a crisis in the way adoptions are handled.

I think the fact that we support a welfare system encourages foster placement rather than permanent adoptions. Perhaps a comparable grant of money directly to adopting families would encourage and allow the adoption of children with special problems.

There is tremendous expense involved in adopting a crippled or emotionally troubled child. Maybe it would make more sense to help families who adopt these children bear the expenses rather than encourage temporary and institutional solutions in caring for these children. This is one of the many problems raised by these hearings that I hope we can solve.

I think we have an interesting cross-section of talent and experience on this committee—Senator Laxalt and Senator Taft have had a great deal of experience in this field—to help us draft a bill that can help deal with this problem.

Our first witness is Mr. Richard Moss, assistant district attorney, Los Angeles, Calif.

STATEMENT OF RICHARD ALAN MOSS, DEPUTY DISTRICT ATTORNEY, LOS ANGELES COUNTY, CALIF.

Mr. Moss. Thank you, Senators.

As the first part of my testimony, I would like to read this prepared statement which I am reading on behalf of Mr. Joseph Busch, who is district attorney of Los Angeles County, if that is agreeable.

Baby selling is a prevalent and growing problem of our contemporary society.

While the desire to be a parent has always presented a demand to adopt newborn infants, this need has become increasingly desperate in the face of widespread use of birth control measures, more liberalized attitudes toward unmarried mothers keeping their children, and the legalization of abortions.

Since the supply of adoptable newborn infants is so drastically small in comparison to the demand, interested parties will seek out any possible source.

The baby seller exploits these people who wish to adopt by finding adoptable children and charging as much as possible. The key to developing any black market baby organization is the ability to generate contacts with pregnant women. When found, the natural mother will be persuaded by a variety of inducements to relinquish her child to the couple designated by the baby seller. Once a child has been reduced to a commodity, the price tag escalates as the supply continues to diminish. Today, fees of $25,000 are not uncommon.

By eliminating long waiting periods to obtain an infant, dispensing with involved screening procedures, and manipulating the requisite legal procedures, the baby broker furnishes a service for the privileged few who can pay $10,000 or more to fulfill their desires.

The controlling criteria of these profiteers is the amount of money the adopting parents are willing to pay. Other considerations receive perfunctory attention.

When a prospective adopting couple presents an adoption petition in the home State for a child already in their custody, the inquiry made by local authorities would tend to be less detailed.

The child has, in fact, already been placed and the examination would focus on whether the couple is unsuitable rather than how desirable they are. Our prosecution substantiated the fact that most people who seek out a baby seller are middle aged.

Study of this multifaceted issue results in a conclusion: There is a loosely connected nationwide network of persons engaged in baby selling who mutually exchange children from one State with adopting parents from another.

The very character of these adoptions seems to depend on the interstate transportation of children for the purpose of adoption. The natural mothers remain geographically separate from the adopting parents and ignorant of the exorbitant fees.

Senator **Mondale**. Most of yesterday's testimony confirmed the fact that expectant mothers often travel to different States and a large proportion of the babies are adopted outside the State in which they are born. Why is that?

Because there is a "smell" of illegality about the adoption and interstate movement reduces the chances of detection and prosecution?

Mr. **Moss**. I think that the chances of detection and prosecution are diminished. They take advantage of gaps in State laws of both the sending and receiving State. Available evidence is most difficult to marshal by agencies which are not equipped to operate beyond their territorial limits.

Basically, those are the reasons, though there is an apology given by the baby seller that he is seeking parents out of State so that the eventuality of siblings meetings in the future, falling in love, and getting married, will be diminished.

I do not find that particularly persuasive, and that is the only excuse that I have heard given.

Investigations, both as to the propriety of each specific adoption and the possibility of criminal violations, are logistically difficult. Distance, divergent jurisdictions, fictitious residences, questionable affivadits, fear and reluctance to cooperate by the adopting couples, the absence of Federal regulation, and legal loopholes all operate together to permit an environment in which this kind of activity flourishes.

All of those factors that I mentioned were elements that I found in the course of prosecuting the case that has just ended.

People versus Ronald Silverton and other defendants represents an indictment of five individuals on 14 counts of criminal conspiracy and related illegal adoption practices.

That case recently culminated in a 2-month trial. All five defendants have sustained one or more criminal convictions.

As an update on that, there are 10 remaining charges, 6 of them felonies and 4 of them misdemeanors, on which Mr. Ronald Silverton was tried in a 2-month trial. A mistrial was announced yesterday morning. The jury, after deliberating 13 days, was unable to reach a verdict on any of those 10 counts. They had acquitted Mr. Silverton on two misdemeanors and convicted him on two misdemeanors, relating to illegal adoption practices.

There was a majority of the jury who felt that he should have been convicted, on counts from 11 to 1 for guilty down to 7 to 5 for guilty.

The case was reset for trial in the middle of June of this year.

Within the framework of an organization known as "Save A Life Adoption Service," Ronald Silverton, with the assistance of his codefendants and other persons, developed contacts with pregnant women, sold babies for $10,000, or more, induced expectant mothers to place their child for adoption by paying the sums of money and prepared falsified documents which were presented to the court witnessing the consent to adoption forms.

The scope of the "Save A Life Adoption Service" included contact with various States and foreign countries. Among the States involved were California, Oregon, Arizona, Utah, Arkansas, Massachusetts, New York, New Jersey, Florida, and Louisiana.

Evidence obtained also indicated connections with Canada, Mexico, England, Ireland, Denmark, Yugoslavia, Spain, and a number of Caribbean Islands.

Silverton, the primary defendant in the prosecution, is a convicted felon and suspended attorney who devised the idea of a baby selling scheme while in State prison.

After his release, he sought to establish a constant supply of nondefective newborn Caucasian infants. That was the focus of his attention.

To develop contacts, he went to welfare organizations, abortion clinics, and planned parenthood associations, where he offered the employees kickback fees of $500 to $1,000 as an incentive for making an introduction. In one instance, he even proposed a free baby for five referrals.

Similarly, he approached obstetricians and induced cooperation by offering a sum of money in excess of their set medical charges. At least one person was hired to approach visibly pregnant girls on the street and give them a pitch as to the benefits of Save a Life Adoption Service.

Advertising in the personal columns of newspapers was another means utilized to promulgate his idea.

Evidence of paid baby making and incentives to get pregnant were uncovered during the course of the investigation as well as efforts to promote new sources of supply of foreign nations.

I might add at this stage that the investigation was actually generated from three sources. One was the State of Utah making a complaint to the California Department of Health. A second one was from Superior Court judges of California in Los Angeles County, and a third was from reputable attorneys who are engaged in private placement adoptions.

Premiums to get pregnant, subsidization during confinement, and bonuses upon delivery have been offered.

In the initial phase of the operation, the pregnant girls were offered an expense-free vacation at a hotel in the Caribbean, with a guaranteed return bankroll of $3,000. This was presumably a salary for token light housework.

While Silverton had made claims of such completed arrangements, none were actually uncovered. On the witness stand, he conceded, although he said he had made them, that none were, in fact, ever made and he never had any plans of making them when he made such specific offers.

Later, the propositions became more modest—maintenance up to $1,000, doctor costs, and hospital bills. The object was to maximize profits which were projected to exceed $3.3 million in the first 2 years of operation. This was after absorbing a deficit running expense for the first 6 months.

This information was the result of seizing a profit projecting which was found on a search warrant from his offices which he maintained at his house.

At no time did Silverton or his cohorts obtain any license to run a homefinding agency which, under California law, would have to be nonprofit. Instead, there was an attempt to run this service under the fiction that it was merely an alternative by which the natural mother was making the choice of adoptive parents, and hence within the ambit of a lawful private placement adoption.

There were three completed acts of baby selling by Save a Life Adoption Service. Each of these were for $10,000 apiece and involved the interstate transfer of children.

In addition, there was a sale at $11,000 to undercover officers assuming the identities of a couple who had actually made the preliminary arrangements.

There were two other offers to sell babies, one at $10,000, and the other at $15,000.

Both of these overtures specified that the children would be turned over to the California couples outside our State.

In total, various documents seized on a search warrant reflected an established price range from $10,000 to $20,000, depending on the couple involved.

Senator LAXALT. Were all these various allegations the subject of the indictment that was recently tried?

Mr. MOSS. Every one except the attempted sale at $11,000 to the undercover officers.

Senator LAXALT. Were these all conceded by the defendant during the course of the trial?

Mr. MOSS. They were conceded as to the amount, that he received the money.

The question was, he characterized his fee as a referral fee or a finder's fee, and it was not a sale price.

The contention of the prosecution was that it was for the sale of the child. But it was not in this view that the money was paid.

The money was always paid in cash and was always paid without a receipt.

Senator LAXALT. The thrust of the trial was whether or not, in fact, babies were being sold?

Mr. MOSS. Yes.

Senator LAXALT. This was, I gather, a paramount issue in the trial?

Mr. MOSS. Paramount issue as it pertained to the penal statutes of California which were involved, which do not specify baby selling and do not characterize it as such.

We used a broad statute which, in effect, says that if you receive money or anything of value in consideration of placing or causing to be placed a person under the power or control of another, you have violated the statute.

However, that originally was envisioned as a slavery statute, and that is the only penal tool that specifically met our problem and, we felt, applied, and we have used it. We had gotten past all legal motions in any case.

Senator LAXALT. What is your fee situation with respect to fees awarded to attorneys or others in connection with services rendered for adoption?

Is it on a reasonable fee basis or are you on a schedule?

Mr. MOSS. I believe it is reasonable fee basis, and I believe the fees today go up to around $850, or might even be more. I have not checked in the last few months.

Senator LAXALT. This is custom on the part of the judges?

Mr. Moss. I am talking about Los Angeles County. I would imagine that some of the other counties might be somewhat lower.

Senator LAXALT. Separate and aside from adoption proceedings, are there fees allowed in connection with services rendered for placement?

Mr. Moss. There is established, I think it is $500, by the agencies which are licensed by the State, which can be waived or reduced, depending on the couple.

Senator LAXALT. And if a private person assists in that placement, it is not exclusive in California, is it, that an agency has to handle the details of the adoption or the placement?

Mr. Moss. No. Private placements are lawful. However, it is our position that in a private placement adoption, an attorney can get a fee for his legal services rendered in connection with the adoption, but not for the actual finding of the home.

Senator LAXALT. Or for services rendered in connection with the placement, is that true?

Mr. Moss. Yes.

Senator LAXALT. But that is precluded and prohibited by California law?

Mr. Moss. That is the position of my county, yes.

In the instances of completed transfers, the natural mothers were kept ignorant of the fees charged by Silverton. Thus, consent forms contained false statements and were fraudulently obtained.

In these cases, the mothers were led to believe that the fees paid by the adopting parents were either nonexistent or marginal. Let me expound on that.

The consent forms that I am talking about are forms that were presented to a Los Angeles judge to witness. They were forms which were, in effect, New York forms for a New York adoption.

Under the paragraph where it said, "List any of the costs direct or indirect which were associated with this placement," the word "Nothing" was put in when, in fact, it had been $10,000.

Also, in the body of the affidavit by the natural mother were misstatements in effect showing that the adopting parents had been put in contact with the natural mother by an attorney. In fact, the attorney was simply a go-between that Silverton employed and used, and nobody knew the lawyer except Silverton. And he had made the connection.

This was done to obviate his participation in the adoption procedure.

The judge who testified knew of Silverton and, of course, if his name appeared anywhere in the document, he would have caused investigation.

Senator LAXALT. This seems to be a typical pattern, and it has gotten through the criminal mill, so to speak.

Was there any agency participation in any step of this process, or was it handled on a wholly private basis?

Mr. Moss. No. That is one of the problems which existed before the interstate compact.

When you have an interstate private placement, there was no study done by local adoption authorities which determined the suitability of the out-of-State parents. It was left up to trust and good will that when adopting parents, after receiving the child in California, went to their home State, that they would there launch or cause to be launched a necessary investigation.

Senator LAXALT. What investigation, if any, was made by the court in connection with the adoption proceedings per se?

Mr. MOSS. At that time, nothing.

Senator LAXALT. Nothing?

Mr. MOSS. Other than witnessing the voluntariness of the consent to adopt and the voluntariness of the waiver of appearance at the domicile State where the adoption was to take place.

Senator LAXALT. Was there any inquiry whatsoever on the part of the court or anybody else in connection with financial details of the transaction?

Mr. MOSS. Yes.

In effect, the judge asked about the form that was before him, is this true to their knowledge and, of course, the natural mother who was in the judge's chambers with her parents, the mother was a minor, had no knowledge of the fee. To them it was a valid and truthful document.

It had been prepared by Silverton, which he had admitted he prepared. He indicated he had prepared it under the direction of a New York attorney, who told him that it was perfectly all right to omit the finder's fee in that form.

Senator LAXALT. What you are telling me then, is that on this level, at least, there was not the type of investigation of the financial details that there might have been for whatever reason?

Mr. MOSS. There was no provision in law at that time for any kind of investigation in an interstate adoption. So the judge would have been functioning outside the scope of his position by doing anything other than certifying the signatures of the natural mother, unless he found something irregular.

Senator LAXALT. Wouldn't this type of investigation be within the jurisdiction of the judge who is required to examine all details concerning adoption, including provision for maintenance of the natural mother during the period in which the child was being born?

Mr. Moss. Had there been such payments, in such case there were no maintenance payments to the natural mother, and had it been on the form, or had the mother said that she had received it, yes, he could have investigated. But, on the face of these documents, there was nothing paid to anybody in connection with this adoption. All the judge was doing was certifying the voluntariness of the documents. He did not feel that he could go any further unless he saw some patent irregularity on the face of it, or unless there was something that the parents said, or natural parents said to him at the time which would have caused him to investigate.

That is somewhat changed by the interstate compact which went into effect in California, although I do not think it really significantly changes it. Some difficulties encountered in prosecuting a black market baby seller on a State level engaged in the interstate transport of infants for the purpose of adoption are the following:

1. Lack of investigative authority and machinery necessary to transcend extraterritorial boundaries.

2. Absence of any permanent governmental records preserved in sending States.

Some change has been made in California since the interstate compact. But, up to that time, and for the period in question in our prosecution, there was no permanent records maintained in California as to anything regarding an interstate adoption taking place outside of our State.

3. Inability to gain access to the adoption records maintained by receiving States. We had difficulty securing some adoption records which came up in our case from our own adoption agency because of the confidential nature of the records.

4. Cumbersome procedures required by compelling attendance of out-of-State witnesses in criminal prosecutions.

5. Jurisdictional limitations on the power of subpenaing records.

6. Nonuniform regulations pertaining to interstate adoption procedures.

The Interstate Compact on the Placement of Children furnishes only a partial remedy.

By its terms, bringing a child into a receiving State is not permitted until written notice containing the identities of the parties and a statement of reasons are transmitted by the sending State to the receiving State which then must approve the proposed placement in advance of allowing the release.

Senator LAXALT. Sends to whom in that situation? What are the agencies involved? Is this court to court?

Mr. MOSS. I believe it is court to court. I am not too familiar with it. It just went into effect, and I have been busy in a prosecution during this year.

Thus, this act, in cooperating jurisdictions, does institute a recordkeeping system and determination of parental suitability before the child is permitted to enter the receiving State. Other than these two controls, little is accomplished.

The following points seem not to be covered by this legislation:

1. Custody without an investigation can be transferred as long as the child is not sent into another signator State until approval is obtained.

Senator LAXALT. Transferred to whom?

Mr. MOSS. That means the natural mother can deliver custody to the proposed parents as long as the proposed parents did not then take the child back to their home State.

The act does not say that placement shall not be effected. The act says the child shall not be sent. There is a distinct difference, and I am sure any baby seller would latch on to that immediately and try to get around it.

2. The act has no application to nonsubscribing States.

3. The law does not regulate placements to subscriber States from nonsubscribing States nor vice versa.

The classical example is that New York was a subscribing State at a time when California was not, and the baby sales in our case involved the State of New York.

At least in one case, the parents came from New York, and in the other case, a residency was set up for the parents in New York. They were actually from New Jersey.

Senator STAFFORD. Mr. Moss, how many States have subscribed so far?

Mr. MOSS. I really do not know.

4. Foreign countries, except Canada, cannot join as co-participants.

In line with that, it would seem to me there was a concerted effort, at least by Mr. Silverton, prior to our stopping his activity, to try to develop contact with European countries to get pregnant girls to come to the United States or another place, perhaps the Caribbean Islands, where they would deliver a child, and the adopting parents would fly in from the United States, pick up the child and then return home.

I believe that there was a similar incident in 1965 in New York involving the adoption of Greek children, which occurred in Manhattan, and there was a reported decision on that.

Senator LAXALT. On that point, separate and aside from the brokering aspects, but from the social standpoint, is there anything inherently wrong in that type of practice in these European youngsters being placed here, if they are healthy youngsters?

Mr. MOSS. As long as they are healthy and as long as there has been an adequate suitability study done of the adopting parents prior to the time they received custody, I could see no objection.

Unfortunately, there do not seem to be any controls.

Again you are faced with a situation where the parents have custody when they come into an adopting State, and adopting States focus on whether or not the parents are unsuitable, not how appropriate they are, which I think is the wrong criteria that should be used.

Senator LAXALT. But that is just a malfunction on the part of the judicial procedure, is it not?

It is certainly within the power of the judge who is hearing the proceedings——

Mr. MOSS. I would not see how the judge can require the parents, before picking up the child, to go through a suitability study in the absence of any law to implement that decisionmaking power.

If the petition has not been filed yet, the judge has no jurisdiction.

Senator LAXALT. Obviously, once custody has been transferred and you move into that area, I can see that.

Mr. MOSS. I think the judge would be very reluctant to take custody away from a couple unless they were truly unsuitable.

That does not mean to say that they were the most suitable people that could be found for the child.

5. There is no prohibition against profit motivated organizations engaging in adoption activity.

6. There are no provisions to check, control, or eliminate the amount of character of finders' fees, referral charges, or adoption costs.

7. There is no disclosure requirement that all direct or indirect costs, fees and charges requested, paid, or agreed upon be revealed in any of the specified documentation.

It is my opinion that this compact will not reduce or control baby selling. The procedures drafted into that law can be readily evaded.

I suggest that any plan of proposed Federal legislation should establish replacement suitability investigations, scrutinize placements to and from foreign countries, prohibit all profit motivated fees associated with interstate and international adoptions, and require disclosure of all costs pertaining to adoptions.

The problems engendered by this activity can be effectively regulated by comprehensive Federal legislation, and I would recommend such legislation.

Senator MONDALE. Thank you very much, Mr. Moss, for a very fine statement.

Do you have any doubt that baby selling is going on in America?

Mr. MOSS. None whatsoever.

Senator MONDALE. How do you define baby selling?

Mr. MOSS. I define baby selling as being any time a fee, a charge, a finder's fee, or referral fee, is paid in order to obtain control or custody of a child.

Senator MONDALE. In your opinion, how widespread is this practice? How much is being charged and is the practice increasing or decreasing?

Mr. MOSS. I feel that it is growing. Admittedly, my vantage is more or less limited to my prosecution and the investigation and study that I had to do for it.

However, the character of that particular case really indicates that Mr. Silverton had developed contacts, had the phone numbers and names of attorneys in virtually every State in the country and that he had forms from States other than California.

I believe there were Massachusetts forms. There were New York forms, of course. There were Florida forms.

He had the names of a number of individuals as prospective parents.

And I feel that, in total, he also mentioned Alaska, he had developed contacts in Canada with a doctor from which he had gotten one natural mother who provided a child was placed for $10,000. I feel that this is a very lucrative field for anyone who does not have the ethics to stay out of it, and that it will grow.

I have had numerous inquiries from attorneys and other sources just in Los Angeles County who are desirous of getting into the field and who believe, like Silverton perhaps, or at least as he said he believed, that no law in California prohibits such a finder's fee.

And even in the face of the fact that he has been prosecuted, they were looking to see what the outcome of the prosecution is and whether or not he gets convicted of a felony.

If it remains a misdemeanor, as I have seen in the past, a misdemeanor conviction can be looked at as a cost of doing business. There is little likelihood of their ever going to jail. They will perhaps have to go to trial and pay a fine.

As such, those costs can be readily absorbed in this kind of enterprise.

Senator MONDALE. It might turn out to be good advertising?

Mr. MOSS. It might very well.

However, by closing one's eyes to a problem, I do not think it goes away. This problem surfaced without us looking for it. It was drawn to our attention, as I said, by Utah, by a judge of our court, and by attorneys who are responsible in the field.

Senator MONDALE. What have you found to be the average fee charged for selling babies?

Mr. MOSS. The fees that I know of in my cases, were $10,000 and $11,000.

Silverton had a ledger of offers that he had made, some at $12,500, one to Mexico at $20,000, and one at $20,000 for twins.

I have heard substantiated facts about $25,000 as the going rate in the State of New York. And I have also heard recently rumors, but nothing that has been substantiated, that in Los Angeles there are some activities going on at $25,000.

Senator MONDALE. Now, this ledger to which you refer, was that a list of offers that he had made to prospective adopting parents?

Mr. MOSS. Yes.

It was a compilation of other sheets. Silverton, when he got full information on a set of parents, would put down their age, religion, occupation, various other vital statistics on them. Their names would be at the top.

One of the sheets had a compilation of the names, and then the price he had quoted to them, and then the attorney that was involved who had referred the particular couple.

Senator MONDALE. What kind of volume was he doing?

How many babies were being sold?

Mr. MOSS. I think we got him before he really got in full swing.

As I say, he only placed three babies. There were two other offers at the time. Fortunately, one of the offers was tape recorded, and that was another count. That was an offer to sell. That was not a completed count.

Senator MONDALE. He had been disbarred?

Mr. MOSS. He has been suspended. He is awaiting disbarment.

The Supreme Court of California has not acted yet on this activity.

Senator LAXALT. For this activity?

Mr. MOSS. No.

He was convicted of conspiracy to cheat and defraud and solicitation of grand theft in an unrelated prosecution.

Senator MONDALE. In each of these instances, there was a lawyer involved, is that right?

Mr. MOSS. Yes.

Senator MONDALE. And who was that lawyer?

Mr. MOSS. Excuse me. Let me revise that.

In the Canadian situation, there was no lawyer involved, and in the Mexico referral, to my knowledge, there was no lawyer. It was Silverton in Canada approaching a doctor in Canada who was a friend of a doctor that Silverton had contact with in Los Angeles.

In Mexico, there was no indication of a lawyer.

Senator MONDALE. Of the three children, then, that he placed, one was for parents in Canada, one for parents in Mexico——

Mr. MOSS. No.

It was the natural mother who came from Canada, gave birth in Massachusetts, and there is some question as to whether the adopting parents were one set who came from Massachusetts or another set who came from New York.

Senator MONDALE. You had three babies who were placed?

Mr. MOSS. Yes.

Senator MONDALE. Tell me, in each case, where the mother was from, where the baby was delivered, and where the adopting parents are.

Mr. MOSS. In the first case, which occurred in October 1973, the natural mother came from Los Angeles. Adopting parents lived in New Jersey, and had established, or at least as far as New York was concerned, and as far as the lawyer in New York, had established a residency at the husband's mother's house in New York.

In the second instance, the natural mother came from Los Angeles. The adopting parents came from Nassau County, N.Y.

And in the third instance, the natural mother came from Canada. She gave birth in Massachusetts, and we have a question in our own minds whether it was one set or another set who adopted the child. Silverton claims that it was one, and I am not sure to accept his word—he claims it was a New York couple, and I am not sure of that.

Now, in the attempted sale, where actually money was delivered to a go-between in Palm Springs, which was not part of our case but which occurred in July of last year, after our indictment, the adopting parents came from Utah, and the natural mother came from Palm Springs, Calif.

Senator MONDALE. Did you interview any of the adopting parents?

Mr. MOSS. Yes.

We presented two adopting parents as witnesses in our case, a wife from New Jersey in one situation, and a husband in the New York area in the other. We did not have enough information to proceed on the Canada-Massachusetts-New York episode.

In fact, we were not completely aware of it until Silverton took the stand on cross-examination.

There is another dimension to this problem which I think I should bring to the attention of this hearing.

There is evidence that was obtained of the possibility of baby making as a source of supply, which presents another separate dimension.

As such, I have been unable to find any State law of California which is violated strictly by the act of baby making. In other words, paying somebody to have a baby for the purpose of adoption.

Senator LAXALT. Do you have evidence of this?

Mr. MOSS. In our case, there were three separate areas of evidence that indicated that.

If you would like, I can indicate what they are.

Sentaor LAXALT. We tried to develop this yesterday, but we did not develop any specific evidence on this point.

Mr. MOSS. In one there was a photocopy of a letter which went to a woman in Yugosalvia, or indicated it went to a woman in Yugoslavia, and in the letter it said that upon the woman becoming pregnant that Silverton would pay her 1,000 dinars, and if she was already pregnant, he would give her a thousand dinars.

That was the initial payment. He would then transport her to another country. After she gave birth, she would receive 10,000 dinars. I believe there are 16 dinars to a dollar, although I am not sure on that.

Senator MONDALE. In every instance, the babies were adopted by parents residing outside California?

Mr. MOSS. Yes.

The two instances of offers were to California couples to obtain children outside of California.

If you want the other two instances of baby making——

Senator LAXALT. I do not think so, but perhaps you could furnish that to us after the hearing.

Senator **Mondale**. Senator Stafford.

Senator **Stafford**. Thank you, Mr. Chairman.

I will ask just two questions of Mr. Moss.

One of the witnesses who was scheduled to follow you makes this statement:

> There is virtually no incidence of baby selling or illegal adoption practices within California.

I gather you would not, from your testimony, agree with that statement?

Mr. Moss. After having lived with this problem now for a year, I cannot agree with it.

Senator **Stafford**. And subsequently, in the same statement, the witness says:

> The interstate compact on placement of children is an effective solution.

I gather that, in your opinion, it would only be a partially effective solution, if any solution at all, is that correct?

Mr. Moss. That is correct.

I think it is a stab in the right direction, but any person bent on baby selling can avoid its application.

Senator **Stafford**. Thank you very much.

Thank you, Mr. Chairman.

Senator **Mondale**. Senator Laxalt.

Senator **Laxalt**. When you speak of a finder's fee situation, who is the finder in the situation?

Mr. Moss. The baby seller.

Senator **Laxalt**. And who pays the fee ordinarily?

Mr. Moss. The adopting parents.

Senator **Laxalt**. Now, the fee is a gross figure, is it not, including within it the expenses of maintenance of the mother?

Mr. Moss. It includes the maintenance, if any, to the mother, yes.

Bear in mind that in our instances of completed baby selling, the two that were involved in our case, no maintenance was paid. In both situations, the mothers did not get maintenance.

Senator **Laxalt**. Did they take care of that themselves?

Mr. Moss. Yes. They did not want it.

Their concern was the welfare of the child.

Senator **Laxalt**. Did you have any indications whether the mothers were paid a fee for the sale of the child?

Mr. Moss. There was an indication that there was a possibility.

Senator **Laxalt**. What I am getting at is this, that it obviously takes at least two parties to firm up this transaction.

Do you see any sanctions at all on the part of the people who pay the finder's fee, the adoptive parents?

Mr. Moss. Technically, they are as guilty under our law as the baby seller. We had to grant them immunity, which then presented questions that they are an accomplice as a matter of law, and under California law, which differs from Federal law, we must, as a matter of proof, have independent corroboration of their testimony.

Senator **Laxalt**. How do you feel about it from the standpoint of just sheer social justice?

Mr. Moss. I feel that they are more victims of the process than anything else. They have a desperate need to be a parent.

They realize that the waits are 3 to 5 years. I believe they are up to 5 years today. They want it so desperately, and they have the money and feel they are willing to pay it, and go to any ends, as long as they can effect a lawful adoption. They are told they can get a lawful adoption, and in our cases they were able to get a lawful adoption.

Whether or not that is susceptible to attack is a separate question. I feel they are more victims and are exploited, although technically they have violated the law.

Senator LAXALT. You observed in your statement that the majority of the people who are engaged in this in the adoption parent side are middle aged, or did I misread that in the statement?

Mr. MOSS. The two couples who completed adoptions were middle aged. They were into their 40's.

Senator LAXALT. Getting back to the judges—and personally I think this is the solution to the problem in interstate transportation, more intense inquiry at the time of the adoption proceeding—but getting back to the judges, when you have before you petitioning the court middle-aged parents who are obviously affluent with a climate apparently that exists in Los Angeles County in connection with baby selling, would that not raise a flag for a judge ordinarily?

Mr. MOSS. Well, in Los Angeles, I feel that baby selling would not take place in a wholly in-State adoption.

We have forms which are required and studies that are done, which, unless fraudulently prepared—well, our forms do specify in private placement that you must list the fees that are paid. So that any adoption that takes place, actually in Los Angeles County, would have that there.

However, if the fee is paid outside of California and it is not put on the form, or if the placement is, in fact, made in California and the adoption takes place outside of California, there is no control that our courts have.

Senator LAXALT. This is where you feel the compact does not do the job?

Mr. MOSS. That is correct.

Senator LAXALT. I have nothing more.

I think you have been an excellent witness.

Senator Cranston.

Senator CRANSTON. I have no questions.

[The prepared statement of Mr. Busch as presented by Mr. Moss follows:]

STATEMENT OF
JOSEPH P. BUSCH
DISTRICT ATTORNEY
LOS ANGELES COUNTY, CALIFORNIA

Presented by:

Richard Alan Moss
Deputy District Attorney

April 29, 1975

I. NATURE OF PROBLEM

Baby selling is a prevalent and growing problem of our contemporary society. While the desire to be a parent has always presented a demand to adopt newborn infants, this need has become increasingly desperate in face of widespread use of birth control measures, more liberalized attitudes toward unmarried mothers keeping their children, and the legalization of abortions. Since the supply of adoptable newborn infants is so drastically small in comparison to the demand, interested persons will seek out any possible source. The baby seller exploits these people who wish to adopt by finding adoptable children and charging as much as possible. The key to developing any black market baby organization is the ability to generate contacts with pregnant women. When found, the natural mother will be persuaded by a variety of inducements to relinquish her child to the couple designated by the baby seller. Once a child has been reduced to a commodity the price tag escalates as the supply continues to diminish. Today, fees of $25,000.00 are not uncommon.

By eliminating long waiting periods to obtain an infant, dispensing with involved screening procedures, and manipulating the requisite legal procedures, the baby broker furnishes a service for the privileged few who can pay $10,000.00 or more to fulfill their desires. The controlling criteria of these profiteers is the amount of money the adopting parents are willing to pay. Other considerations receive perfunctory attention.

When a prospective adoptive couple presents an adoption petition in the home state for a child already in their custody, the inquiry made by local authorities would tend to be less detailed. The child has in fact already been placed and the examination would focus on whether the couple is unsuitable rather than how desirable they are. Our prosecution substantiated the fact that most people who seek out a baby seller are middle aged.

Study of this multifaceted issue results in a conclusion: There is a loosely connected nationwide network of persons engaged in baby selling who mutually exchange children from one state with adopting parents from another. The very character of these adoptions seem to depend on the interstate transportation of children for the purpose of adoption. The natural mothers remain geographically separate from the adopting parents and ignorant of the exorbitant fees. Investigations both as to the propriety of each specific adoption and the possibility of criminal violations are logistically difficult. Distance, divergent jurisdictions, fictitious residencies, questionable affidavits, fear and reluctance to cooperate by the adopting couples, the absence of federal regulation, and legal loopholes operate together to permit an environment in which this kind of activity flourishes.

II. SUMMARY OF PROSECUTION

People v. Ronald Silverton, et al, represents an indictment of five individuals on 14 counts of criminal conspiracy and related illegal adoption practices. That case recently culminated in a two-month trial. All five defendants have sustained one or more criminal convictions. Within the framework of an organization known as "Save a Life Adoption Service" Ronald Silverton, with the assistance of his codefendants and other persons, developed contacts with pregnant women, sold babies for $10,000.00 or more, paid expectant mothers sums of money to induce the adoptions, and prepared falsified documents which were presented to the court witnessing the consent to adoption forms.

The scope of the "Save a Life Adoption Service" included contact with various states and foreign countries. Among the states involved were California, Oregon, Arizona, Utah, Arkansas, Massachusetts, New York, New Jersey, Florida, and Louisiana. Evidence obtained also indicated connections with Canada, Mexico, England, Ireland, Denmark, Yugoslavia, Spain, and a number of Caribbean Islands.

Silverton, the primary defendant in the prosecution, is a convicted felon and suspended attorney who conceived the idea of a baby selling scheme while in state prison. After his release he sought to establish a constant supply of nondefective newborn Caucasian infants. To develop contacts, he went to welfare organizations, abortion clinics, and planned parenthood associations where he offered the employees kickback fees of $500.00 to $1,000.00 as an incentive for making an introduction. In one instance he even proposed a free baby for five referrals. Similarly, he approached obstetricians and induced cooperation by offering a sum of money in excess of their set medical charges. At least one person was hired to approach visibly pregnant girls on the street and give them a pitch as to the benefits of "Save a Life Adoption Service." Advertising in the personal columns of newspapers was another means utilized to promulgate this service. Evidence of paid baby making and incentives to get pregnant were uncovered during the course of the investigation as well as efforts to promote new sources of supply in foreign nations. Premiums to get pregnant, subsidization during confinement, and bonuses upon delivery have been offered.

In the initial phase of operation, the pregnant girls were offered an expense-free vacation at a hotel in the Caribbean with a guaranteed return bankroll of $3,000.00. This was presumably a salary for token light housework. While Silverton had made claims of such completed arrangements, none were actually uncovered. Later, the propositions became more modest: maintenance up to $1,000.00, doctor costs, and hospital bills. The object was to maximize profits which were projected to exceed 3.3 million dollars in the first 2 years of operation. This was after absorbing a deficit running expense for the first six months.

At no time did Silverton or his cohorts obtain any license to run a homefinding agency which, under California law, would have to be nonprofit. Instead there was an attempt to run this service under the fiction that it was merely an alternative by which the natural mother was making the choice of adoptive parents, and hence within the ambit of a lawful private placement adoption.

There were three completed acts of babyselling by "Save a Life Adoption Service". Each of these were for $10,000.00 apiece and involved the interstate transfer of children. In addition, there was a sale at $11,000.00 to undercover officers assuming the identities of a couple who had actually made the preliminary arrangements. There were two other offers to sell babies, one at $10,000.00 and the other at $15,000.00. Both of these overtures specified that the children would be turned over to the California couples outside our state. In total, various documents seized on a search warrant reflected an established price range from $10,000.00 to $20,000.00.

In the instances of completed transfers the natural mothers were kept ignorant of the fees charged by Silverton. Thus, consent forms contained false statements and were fraudulently obtained. In these cases, the mothers were led to believe that the fees paid by the adopting parents were either nonexistent or marginal.

III. ADEQUACY OF CURRENT LAW

Some difficulties encountered in prosecuting a black market baby seller engaged in the interstate transport of infants for the purpose of adoption are the following:

1. Lack of investigative authority and machinery necessary to transcend extraterritorial boundaries.
2. Absence of any permanent governmental records preserved in sending states.

3. Inability to gain access to the adoption records maintained by receiving states.
4. Cumbersome procedures required by compelling attendance of out-of-state witnesses in criminal prosecutions.
5. Jurisdictional limitations on the power of subpoenaing records.
6. Non-uniform regulations pertaining to interstate adoption procedures.

The Interstate Compact on the Placement of Children furnishes only a partial remedy. By its terms, bringing a child into a receiving state is not permitted until written notice containing the identities of the parties and a statement of reasons are transmitted by the sending state to the receiving state which then must approve the proposed placement in advance of allowing the release. Thus this Act, in cooperating jurisdictions, does institute a record keeping system and a determination of parental suitability before the child is permitted to enter the receiving state. Other than these two controls, little is accomplished.

The following points are not covered by this legislation;

1. Custody without an investigation can be transferred as long as the child is not sent into another signator state until approval is obtained.
2. The act has no application to nonsubscribing states.
3. The law does not regulate placements to subscriber states from nonsubscribing states nor vice versa.
4. Foreign countries except for Canada cannot join as co-participants.

5. There is no prohibition against profit motivated organizations engaging in adoption activity.
6. There are no provisions to check, control, or eliminate the amount or character of finders' fees, referral charges, or adoption costs.
7. There is no disclosure requirement that all direct or indirect costs, fees and charges requested, paid, or agreed upon be revealed in any of the specified documentation.

It is my opinion that this Compact will not reduce or control baby selling. The procedures drafted into that law can be readily evaded. I suggest that any plan of proposed federal legislation should establish preplacement suitability investigations, scrutinize placements to and from foreign countries, prohibit all profit motivated fees associated with interstate and international adoptions, and require disclosure of all costs pertaining to adoptions. The problems engendered by this activity can be effectively regulated by comprehensive federal legislation.

Senator CRANSTON. Our next witness is the Honorable Brice Oakley, Iowa State Representative from Des Moines, Iowa.

STATEMENT OF HON. BRICE OAKLEY, STATE REPRESENTATIVE FROM THE STATE OF IOWA

Mr. OAKLEY. Mr. Chairman and members of the committee, my name is Brice Oakley.

I have been engaged in the general practice of law in Clinton, Iowa, a community of 35,000, for 12 years. I have placed over 125 children for adoption. Most of these children were newly born.

Prior to my entry into general practice, I served as an Iowa assistant attorney general and was assigned, in part, to the then department of social welfare.

I am appearing today at the request of your committee, in my capacity as a member of the Iowa House of Representatives and coauthor of Iowa proposed Adoption Act of 1975. It has passed the house and is pending debate in the senate.

This bill, which I have supplied to the committee, is the outgrowth of a 1974 interim study committee of the Iowa General Assembly which I chaired. This committee held extensive hearings and dealt in some measure with the issues I understand you have under consideration.

Most of the material we have gathered has been furnished to your staff and need not be detailed here, although I am prepared to amplify it should you desire.

I think I might be of greatest service if I highlighted some of the central issues in adoption as they relate to a dual system of independent placement and licensed agencies; share my experiences as a practitioner who handles adoptions as part of a general practice, a country lawyer, if you will—and I think perhaps the only one appearing before the committee——

Senator MONDALE. We have two or three on the committee.

Mr. OAKLEY [continuing]. Discuss my somewhat limited knowledge of so-called black marketeering in children; and, finally review the conceptual answers in Iowa's proposed law designed to meet the primary objections to private placements.

Private placements have been allowed in Iowa since 1858 in the absence of statutory prohibition. This State first licensed agencies in 1925. Thus, a dual system has existed since then.

The number of all placements has steadily declined since 1970. This has created two pressures: (1) a greater demand for children with the potential for a black market, and (2) a desire by licensed agencies to limit competition in a diminished market.

Testimony received by my committee indicated that there was no evidence of a black marketing in children in Iowa, although charges for services by attorneys, licensed agencies, and medical expenses paid by prospective adoptive parents varied considerably.

Senator MONDALE. What does the comment mean, the desire on the part of the licensed agency to eliminate competition?

Mr. OAKLEY. We found, in the process of our hearings, and I discuss this a litle bit later in my statement, concerning economic pressures that agencies feel as well, and I think we have to observe any system of placement in the context of those pressures, and a little bit later on, I think it might be more helpful, later in my statement to amplify it.

Passage this month by the Iowa House of the study committee's bill, House File 614, represents a conclusive decision to retain a system of choice with far greater supervision of independent placements.

The reasons for such decision are as follows:

(1) There is no evidence of greater success for agency placements over private placements.

(2) It is undesirable to create a monolithic, noncompetition adoption placement approach by only agencies.

(3) Agencies are often white and Christian oriented, indirectly imposing majority culture values upon minority ethnic groups.

(4) Agency adoptions are generally more expensive without being especially financially helpful to the natural mother.

It is my personal opinion that as agencies often furnish a wide variety of social services, adoption is a loser financially although retained by boards of directors as a fundraising tool. I do not mean to imply anything sinister in this regard.

However, agencies are as subject to the laws of economics as are private placers, and it is an ingredient in their decisionmaking process. I will be pleased to be more specific if the committee should so desire.

While the legislature concluded it was desirable to maintain a dual system, there remains the decided climate for abuse, some of which has flourished for years in some other States.

Senator LAXALT. In your experience, and it is extensive, I can tell from your caseload, are their cases when private placement is more desirable than agency placement?

Mr. OAKLEY. I think so. And I think that that has a good deal to do with the feelings of prospective adoptive parents as well as natural parents.

One point, that has not been discussed at your hearings so far concerns the implications of Stanley versus Illinois, the Supreme Court case. There has been consideration for the natural father which I think is an interesting point when we get into the interstate placement as well as intrastate placement.

It concerns me that courts, when presented with proposed decrees, final end of adoption process, in these receiving States, apparently are not examining in any detail the nature of the consents or releases or publications of notice from natural fathers. This means to be a very vulnerable place in the black marketeering of children, because if that has not been done, No. 1, it jeopardizes to a great extent, in my judgment, the security of that placement and, second, provides an opportunity for the court to say, well, so what have you done about the natural father. What about his rights?

Have you published notice? What has the State law provided? How have you conformed with that decision?

I think that greater vigilance on the part of the judge, regardless of what investigations have been done, will be a good opportunity to stop the process right there and back it up.

Senator LAXALT. In your practice have you not found, too, that in highly sensitive situations the natural mother would rather deal with a trusted lawyer or a trusted doctor than risk a breach of confidence by an agency?

Mr. **Oakley**. That is true, although there are very many satisfying experiences with agencies.

Senator **Laxalt**. I recognize that.

Mr. **Oakley**. But particularly, I think, in areas where I come from, where the family lawyer practices over a somewhat wider geographic area, people do feel some security in coming to that attorney, that is on both sides, natural and adoptive parents. I think it is a matter of choice.

And many people in our State make the choice of going to private placement.

Senator **Laxalt**. I raised this because yesterday there were intimations that one possible solution was to completely prohibit private placement. And based upon my own experience, I think that such a solution would be unwise.

Mr. **Oakley**. I would concur with that, because I think that the protections we are building in our State law take away the potential for abuse that the committee has heard about, and I might add that during the course of—I suggested in a somewhat offhanded way that it might be appropriate to really deal with the problem, and that would be to eliminate private child placement agencies, independent placement and have, in our instance, the State of Iowa and the department of social services do the entire process.

There was not exactly great joy in reaction to that, but I would suggest it is an alternative for one to think about.

While the legislature concluded it was desirable to maintain a dual system, there remains the decided climate for abuse, some of which has flourished for years in some other States. To prevent such potential abuse, the study committee and Iowa House File 614 has suggested imposition of the following:

(1) A placement cannot be made until the prospective adoptive parents have been preinvestigated by the department of social services or an investigator approved by them.

Again, yesterday, you heard about after the fact, how are you going to take a child away?

We provide for that in our proposed law which, by the way, I think, enjoys very good prospect for passage.

(2) Fees in conjunction with any placement must be usual, necessary, and commensurate with services rendered. The prospective parents are required to file a full financial disclosure with the adoption petition, and criminal penalties are imposed for violations. Those criminal penalties are a misdemeanor of $100 and 30 days in jail, and some consider if we felt abuse was beginning to occur, it might just justify higher penalty.

Likewise, it will be illegal for a natural parent to receive a fee for having a baby.

(3) There must be close court supervision through a mechanism of legal custody at all stages. This prevents the child from being shuffled around extrajudicially.

I would like to close with some general observations which may provoke avenues of discussion.

(1) The regulation of domestic relations, adoptions, and other matters of personal status, have traditionally been and is perhaps constitutionally solely within the purview of State law. (*Ex parte* Burris, 136 U.S. 586, 593, 594 (1890)). In the case of Iowa, this State is showing its ability to establish, on its own volition, comprehensive regulations in this area. However, other States must and probably will follow Iowa's lead as they wrestle with the implications of *Stanley* v. *Illinois.*

(2) A study must be made of State programs involving the alarming number of children in foster care who could be adopted. Senator Cranston's bill, in some measure, looks at this.

We have instructed our Department of Social Services to analyze the situation in which the State terminates parental rights—for abandonment as an example—and declares a child dependent, neglected or delinquent. In this situation, the child often languishes in a foster home that is less adequate than an adoptive home. Of particular interest are cases where inadequate ADC payments have prompted natural parents to place children in foster care where payments are substantially higher.

Senator MONDALE. Stop there a minute.

Mr. OAKLEY. Yes, sir.

Senator MONDALE. What you are saying—at least what I heard you say, is that welfare agencies have a tendency to place children under foster care rather than with families for adoption?

Mr. OAKLEY. No, sir, I am not saying that.

I am saying that natural parents, particularly the instances to which I refer, were in a majority of black families, and we do have to keep in consideration the particular problems of the black community with regard to adoption, their definition of families is different, and they have a tendency to go beyond the nuclear family and aunts and uncles take children, because of problems with the family, to take them into their own homes, and to deal with them.

There are not the resources to go through the formal adoption.

I have been very impressed with generally the way the black community has dealt with this problem. However, there are those—and these particular cases involve mostly black mothers who were not able to make it, and said I want something more for my child or my children, please put them in foster care, or they have placed themselves in a situation where a welfare agency was compelled to do so, but they were motivated out of the desire to have something better for their children.

And, after all, when foster families get $140 to $160 per month per child, there is some motivation.

Senator MONDALE. You mentioned one type of family, where the mother wanted something better for her child, so she placed the child in foster care rather than keeping the child herself.

Now, if this mother had received the same amount of money in ADC as the foster parent, she probably could have kept the child with her.

Mr. OAKLEY. That is what Polk County Legal Aid indicated to me.

Senator MONDALE. It might be assumed that natural parents usually have greater concern for their children—at least I think they have.

Shouldn't that be an option as equally attractive as foster care?

Mr. **Oakley**. Yes, I think that is true. I think that that ties in with: (3) concerning the growing program of subsidized adoptions, to which Senator Cranston referred to earlier, and this would benefit greatly by an infusion of Federal incentives to this innovative program.

HEW has had regional meetings on it, one of which I attended. Our State has worked hard on it.

It involves long-range commitment of resources, because we are talking about children that are very often severly handicapped. But it is very valuable in meeting the need of adoptive black homes that may be of more modest income, but in order for them to be able to adopt, and I would invite the committee to investigate that with some detail.

It is very encouraging.

(4) There exists what is known as the Interstate Compact on the Placement of Children. I suggest the committee carefully examine its effectiveness as a regulator of interstate traffic in children.

(5) I am aware of an underground pipeline for transmitting the names of well-to-do prospective adoptive parents. I have had clients contacted from California, Texas, Florida, and New York. One client made a contact with a friend in Washington, D.C., in conjunction with other business, and mentioned the desire to adopt.

The word was out, and within a week a lawyer from Texas called and informed this well-to-do and prominent couple of a healthy white child who was now available and that they would have to decide by the next day if they wanted the child. The fee? It was $10,000 for legal services and other necessary expenses.

I might add that payment was to be $1,000 by check and $9,000 in cash, and presumably in a plain white envelope.

That matter was referred to the Texas Bar several weeks ago. I do not know what has transpired with regard to that.

There are several items, before I conclude my statement, that I must just touch on, if you want to explore them.

One has to do with the Vietnam situation that we are in right now.

We are putting through an emergency piece of legislation in our State by publication in order to deal with particularly those that have lost the records in the plane crash and otherwise in Vietnam, for which there are very few records.

I think we have to keep in mind the matter of agencies, their fees on a sliding scale, their conflicts of interest.

I was particularly interested in the discussion you had yesterday concerning attorney conflicts of interest, and Senator Taft's observation. Those conflicts of interest exist not only within the bar and the attorney, but likewise within an agency because they, too, represent all of the interests of the people involved.

Senator **Mondale**. There is one difference.

Lawyers, as officers of the court, are required to comply with canons of ethics. We present ourselves as a special profession, which does not engage in activity involving actual conflicts of interest, either apparent or potential conflicts.

Our goal at this hearing is not to determine whether a conflict of interest has occurred in a particular instance but to ascertain if these conflicts are inherent to the present system.

Mr. **Oakley**. We deal with that, Senator, in our proposed bill.

We are proposing a two-stage proceeding, one to terminate parental rights—you have to terminate parental rights judicially before you can file an adoption petition. And in that termination process, there is a guardian at each point, but we do not go so far as to require the appointment of attorney for natural parents.

However, there is a provision that a natural mother or natural father cannot sign a consent for 72 hours after birth and that that consent can be revoked for a good cause at any time up until final hearing for termination when that natural parent receives notice.

Senator LAXALT. After placement.

Mr. OAKLEY. This is one of the issues we have remaining in our Senate, and there is a provision that no child shall be placed within 30 days of age—from birth up to 30 days of age. This was a very close vote in our House.

The provision is probably designed to try to preclude independent placement but, in our State, we have about 300 independent placements. And it is my feeling that the independent or whoever, the placer, should decide whether or not placement would be appropriate before termination because, statistically, you would only find perhaps one or two or perhaps three cases out of 300 where a child placed with a prospective adoptive parent, that they would have to deliver that child back into custody of court because termination of parental rights was not effective.

I will conclude my statement to the members of the committee.

I have no doubt that there exists a small but extensive trafficking in children, but I likewise am equally convinced that agencies and private placements alike are sensitive to the "Market."

The answer is State experimentation as they cope with their own problems. The States are recognizing the need for interstate cooperation.

Adoption by its nature is a sensitive, confidential, and highly personalized process requiring extraordinary common sense and perspective. To scatter that process throughout the Federal system seems to me unnecessary at best and depersonalizing at the very least, although I would add I think there is some limited area, and I have indicated, of Federal oversight.

I hope your hearings will generate information useful to the States as well as the Federal Government.

I certainly appreciate the opportunity to appear before the committee.

Senator MONDALE. Thank you very much for a very fine statement.

Approximately how many children do you place each year?

Mr. OAKLEY. About 8 to 10.

Senator MONDALE. Are most of those through agencies, or are they independent?

Mr. OAKLEY. That number are independent placements. I also do legal work for agencies that require generally that the adoptive couple can select their own attorney to take care of the strictly legal matters.

Senator MONDALE. From where do the children usually come, and where do the adoptive families reside?

Mr. OAKLEY. The geographic area in which the children come is within the 50 mile radius of Clinton, the prospective adoptive parents do come from various parts of the country, but primarily are mainly western Illinois and eastern Iowa.

Senator **Mondale**. They all live within 100 miles or so of Clinton, Ill.?

Mr. **Oakley**. That is correct. Those prospective adoptive parents do come from the East Coast, some from Texas, various places that generally have been referred to me by—it is interesting, I placed quite a few children, those in the medical profession, and they come from various parts of the country, because a number of them have been placed in Iowa City, which is the center of our university and our medical hospital there. It appears that they have been referred to me through the process.

Senator **Mondale**. How do you determine which child should be placed in which family?

Mr. **Oakley**. That is not a scientific thing at all. Let me characterize it this way.

Agencies have several practices. A matter of putting blue-eyed babies with blue-eyed parents is archaic and not appropriate. Many agencies take them much in the order in which they come up.

I do not necessarily do that. I do think that there is some basis for background, biological background.

Normal children can go most any place. Children that may have some physical disabilities, and perhaps some background requires special attention, in my judgment.

Senator **Mondale**. Do you make that judgment?

Mr. **Oakley**. Yes, sir, I do.

I do my preplacement investigations of prospective adoptive homes. I also do this in conjunction with psychiatric social workers in other areas. I visit personally, and require personal visits with every one of the adoptive parents that I deal with. I have known every one of them personally.

I require medical examinations, many of them who have medical work, inability to have children, I require references, financial statements, income tax returns, a good deal of that kind of information.

If I may say so, I am afraid that that kind of care is not exercised by all who do independent placement.

Senator **Mondale**. Yesterday I asked Mr. Burns whom he represented, the mother, the child, or the adoptive parents.

Whom do you represent when you are undertaking this matter?

Mr. **Oakley**. I think this is one of the most troublesome aspects in the entire adoption process, because there are instances where a prospective natural mother and her parents come to me and say, here is a situation, we are not sure about agencies, what should we do, and I discuss the implications of adoption with them. But those I visit with a social worker from a public agency, who counsels every one of them.

So I feel that they are getting an opportunity so that I do not have that kind of conflict of interest. I do not send them to another lawyer. I do not think that that is necessary under that instance, but I represent the natural parents or the adoptive parents.

Senator **Mondale**. So that your fee is paid by the adoptive parents?

Mr. **Oakley**. That is correct.

Senator **Mondale**. And you represent their interests in finding and adopting a baby?

Does a theoretical conflict of interest bother you?

Mr. **Oakley**. No; it does not. But I would feel much better about it in the overall, under our proposed law. There is that potential there.

Frankly, I have not had, in my own conscience, that difficulty, because this is not a major part of my practice, it is one that I have been interested in, and I frankly think that I, I guess I feel I do a professional job at it, if I may say so.

Senator **Mondale**. That may be true. I see no reason why it is not possible.

What concerns me is the abuse and profiteering where it is not true.

Mr. **Oakley**. That is correct, absolutely.

Senator **Mondale**. Unethical attorneys, or anyone else, can make a great deal of money by dismissing the question of whose interest is being served.

I was not at all satisfied with the answer I received yesterday, from Mr. Burns. Well, I think that instance you referred to, where within a week the information about a well-to-do couple wishing to adopt was transmitted from Washington to Texas, is the best example we have had.

Mr. **Oakley**. Very quickly.

Senator **Mondale**. That is marvelous, and then a $10,000 fee right over the phone.

Mr. **Oakley**. And I am very upset, Senator, that there was any particular question about it. Because there was the impression that, well, there was another couple waiting, and so forth.

Senator **Mondale**. Well, they always have another couple.

Mr. **Oakley**. That is correct.

Senator **Mondale**. Surely that raises a question. Do you know whether the canons of ethics have a specific provision on this?

Mr. **Oakley**. With regard to fees?

Senator **Mondale**. Yes, with regard to fees, and with regard to this conflict-of-interest issue, as it affects the adoption process.

Mr. **Oakley**. It is and I do not have the canons of professional conduct before me, although I have read them, and I hope I am familiar with them. Basically those canons say that it is in the eyes of the beholder. It is a self-regulator. It is very much like the responsibility for representing the poor and the indigent, those who cannot afford counsel. That is of constant conflict, our profession always has had it.

At what point do you say I cannot take everyone that comes into my office?

Senator **Mondale**. The canons of ethics do not say that you represent someone, and then take someone else's interest.

Mr. **Oakley**. That is right.

Senator **Mondale**. When you represent an impoverished client, you assume the responsibility of representing only his interests.

Mr. **Oakley**. That is right.

Senator **Mondale**. So I do not quite see the parallel.

Mr. **Oakley**. Well, I am saying that I think that I was using that as a parallel to show that it is a self-regulating thing, and when it becomes too abusive, they have the right to police it. That is the problem with adoption, because it is confidential. We do not have court matters laid out in public view. It is very difficult to get that kind of information. I might add that the fees in our area, I think, are $300. The most I ever charged was $400.

I suspect, and that was because of *Stanley* v. *Illinois*, the time necessary to get the father's consent involves considerable time. I think those are rather usual fees there, and commensurate with the work involved.

Senator MONDALE. You testified that many of your placements are in-state?

Mr. OAKLEY. Not a majority.

Senator MONDALE. Some?

Mr. OAKLEY. Yes.

Senator MONDALE. That raises the question of how to regulate interstate and foreign placements. A lot of testimony over the last 2 days has related to this problem.

In 1955, the Senate passed a bill, sponsored by Kefauver, providing that the transportation of babies and pregnant women across State lines for private adoptions was a Federal crime. Exceptions were made for normal agency adoptions.

I question that sort of approach. I do not think the Federal Government should establish detailed adoption laws for the States. Adoption is generally regarded as a State matter. Though the States cannot enforce their own standards as long as all this jurisdictional shopping that has been testified to, is allowed. The baby sellers will just go to another State where the heat is off.

Mr. OAKLEY. You would like my reaction to that?

Senator MONDALE. Yes.

Mr. OAKLEY. No. 1, I do not think it is necessary to limit it to so-called licensed child placing agencies. I think that the abuses of independent placement can be regulated effectively by State law, and I would suggest Mr. Moss might want to comment on it also, because we were discussing it through existing departments of social services.

I know one thing we found in Iowa, and I daresay perhaps in other States, that adoption provision becomes (to use somewhat of a bad pun) a stepchild of the agency.

We had, 8 years ago, seven people supervising child placing agencies. Now we have two, and they do not do much more than go in and look at a few records. There simply is not enough personnel there, and I am not one given to extending bureaucracy, or adding people to tables of organization. But a survey by HEW of exactly who is handling how many people involved and what is their competency in the various State agencies might be helpful in surveying whether or not that capability exists.

If it does not, then there should be some incentives to do so, but I think interstate cooperation, through our growth of an interstate awareness, through our Council of State Governments, through our National Council of State Legislatures, as well as a Federal incentives program would be appropriate.

Senator MONDALE. Well, we had that problem with water pollution a few years ago—are you arguing against any Federal legislation?

Mr. OAKLEY. No, sir, I am not. I am arguing that, for example, I would not want to see a situation in which before you could transport a child in interstate commerce as you define it, you first of all have to get permission from a Federal agency.

I do not think that the adoption process, and the desirability of having a child transferred from, let us say, its birth to where it is going to end up in an adoption home, can wait for that, if past experience is an indicator of the speed at which that would be addressed.

Senator MONDALE. You cannot transport it as a baby salesman. You can transport it only for the purpose of adoption. You do not need anybody's approval.

Mr. OAKLEY. This is fine. No, I do not disagree with some criminal penalties in interstate transportation, that does not—that strengthens your State laws—yes, it would, so long as you have a mechanism of good notice that cannot be—a place where you can get at it right now is at that courtroom where those judges are looking at those final decrees.

I do not know why the call cannot go out so that it becomes somewhat more than a pro forma exercise. The judiciary has that responsibility, as well, and that would be where I would start right now.

Senator MONDALE. How can a court in New York know enough to judge competently the circumstances of a birth in California, circumstances of funding, sales, and the rest; how are they going to be able to do that?

Mr. OAKLEY. I think looking at the petition, you see where the child was born, unless there is fraud in preparation of that, and if someone wants to risk their license doing that, that is up to them.

Assuming that the petition reveals even the barest of facts, the matter of notice to the natural parents, both of them, as well as the residency, as well as whether or not there is an agency involved that should red flag that case within 5 minutes of its presentation of that court, and whether it is upstate New York, or whether it is Clinton, Iowa, I do not think it would take a great exercise in judicial preparation to do that.

Senator MONDALE. If there is a cloud hanging over an adoption, and the court waives jurisdiction, is it likely that the papers submitted to the judge will reveal a problem?

Mr. OAKLEY. Well, in what I just characterized, let us assume that the petition, and those papers state the bare facts of jurisdiction. It may be a good placement, it may be an appropriate one, it may not be.

But I think if we want to deal with it immediately, the courts can say they have great equity powers to stop that process, and say I want some people to come before it.

Senator MONDALE. Let us consider a hypothetical case: A couple from New York pays a baby seller $10,000 or $15,000 to adopt a child born to a mother in California. Misleading and fraudulent papers are then submitted. What is the remedy?

I suppose the adoption is disqualified. What else happens?

Mr. OAKLEY. Well, of course, if they have a child in—you are talking about when prospective adoptive parents are there, and they have had the child under the jurisdictional period of time, and what does the court do then?

Senator MONDALE. Yes.

Mr. OAKLEY. Well, the court would probably leave the child in that home. But the court can go back to that State, to its probation department, juvenile department, whatever it has available to it, to go back to the State. I do not see why it cannot be backtracked.

If I may add a personal note, it is a pleasure to make your acquaintance, because I did have your hospitality a few years ago.

Senator MONDALE. Yes.

Senator Laxalt?

Senator LAXALT. I agree with what I think I heard, and that is that the Federal Government should stay out of the adoption business. I believe that firmly.

I too am trying to find out where we fit. I am inclined to agree with your feeling that the solution should rest with that court. The adoptive parents are there, the fee has been paid, and they are aware of it, and two or three questions by a judge who has seen the flag raised in his petition, I think would go a long ways for resolving this problem.

Where do you see beyond that, assuming that the courts function as they should, and the States function as they should; where do you see the Federal participation?

Mr. OAKLEY. Well, I think that I mentioned the matter of incentives, or whatever you want to call it. What bothers me in this process is that States, such as our State, in the past, what we might call a tough law, appropriate law, it is going to have a decided effect with regard to the adoptions that are available in our State. Because I think that there are going to be a number of prospective mothers that are not going to perhaps want to go through all that machinery. They do not want all that due process. They have been counselled, they have gone through a period of pregnancy, and I do not mean to say they should not have them, believe me, we try to give it to them, so it is going to give them to other States that are easier.

So we have to urge State legislators to have some minimum standards.

You may, as the Federal Government has been doing with great activity in a number of areas, provide some very bare minimum types of things in the process of caring that should be in the State law.

I do not take that step easily by philosophy.

Senator MONDALE. I think that is a bigger interference by the States.

Mr. OAKLEY. Yes, I appreciate that, but my problem is if you continue to have a fairly significant number of States that have weak laws, you are going to have a haven in there, at least for interstate, and we have to eliminate it there as well. Because I am sure in Florida, where these natural mothers are, there is a good many prospective adoptive parents there that could well take care of all the children in the State of Florida, and they do not all have to go to New York.

Senator MONDALE. One of the things that I think has been unquestionably established by these hearings is that baby selling is fundamentally an interstate business.

What you do is entirely different. You serve as a lawyer for the citizens in your community for a reasonable fee.

Baby sellers are brokers peddling and profiteering from the sale of babies. They cannot operate in Clinton, Iowa, where everybody knows them. They have to operate interstate, internationally, with as little publicity as possible.

To deal with this problem we need an independent agent. Within the scope of its jurisdiction, Congress must help establish uniform adoption practies.

But what really worries me is the children. It is their interest at stake.

Mr. OAKLEY. If I could add one thing, Senator, with regard to agencies, and I mentioned that I would allude to it if the committee wanted to.

I have a great respect for agencies, and I have worked with them, but there are sliding fee scales in agencies also. The highest that we found in our State was between $2,000 and $2,500.

Senator MONDALE. Is this a private agency?

Mr. OAKLEY. This is a licensed private agency in our State. I came across an interesting observation the other day when visiting with an individual who works for one of them.

I would ask you to think about this. You go through the process of registration, then you make out an application, then you have a home study, and you are finally approved for placement. It takes some period of time.

All right, now they have 700 registrations and applications completed at an average cost of $50 apiece for that agency. That is a 14-year supply.

Now, that is an economic matter, it seems to me, that cannot be overlooked. I wonder why that is the case.

I am saying this, that people being people, whether they are lawyers, or whether they are social workers, or whatever, although we have uncovered absolutely no instance, to my knowledge, of this, we must also continue to have effective monitoring of agencies as well, and I think good agencies would agree that there are probably agencies that are not so good.

So I think to balance that out, that is the point that should be made, and presumably they have sliding scales, and they are not always related to the amount of service involved.

Senator MONDALE. I think that is a good point.

Mr. OAKLEY. I think I have figures that I supplied to the committee with regard to various agency fees.

Senator MONDALE. Senator Randolph?

Senator RANDOLPH. Mr. Chairman, I have not had the privilege of hearing Mr. Oakley, the colloquy that you have had with the witness, except for a couple of minutes.

I do not want to be repetitive.

Mr. Oakley, why are you interested in this subject matter?

Mr. OAKLEY. I am interested in this subject matter, first of all, as a State legislator. I have been interested in matters of adoption, and I have handled adoptions since I was admitted to practice in 1961. I was with the attorney general's office in Iowa, social welfare department, and I became interested in that regard.

I am also interested in it as a member of the bar, knowing the difficulty that the bar has in dealing with it, particularly with the minority members of the bar, that I think are violating their own canons, their own ethics.

Third, and in perhaps somewhat minor a respect, I am interested in it as a practitioner myself, what regulation there might be of it in that regard.

Senator **Randolph**. Incidentally, how large is Clinton?

Mr. **Oakley**. 35,000.

Senator **Randolph**. How far from Ida Grove?

Mr. **Oakley**. Where Senator Hughes is from, Ida Grove, that is about 300 miles.

Senator **Randolph**. I know, Mr. Chairman, that Ida Grove is the hometown of our former colleague Senator Hughes. It is a tremendous experience to be with those people in that part of Iowa.

Do you feel that there are problems like that in all the States—is there really a problem?

Mr. **Oakley**. Yes, there is a problem, but not in baby selling. There is a problem in inadequate preplacement investigation. Things could be better. Mostly this is a preventive piece of legislation.

We see what is coming down the pike.

Senator **Randolph**. Mr. Oakley, would a Federal statute toward prevention be helpful?

Mr. **Oakley**. As far as the State of Iowa is concerned, in the immediate future, no. In the longer range, yes. I would say it would be depending on how you define the extent of that Federal legislation.

Senator **Randolph**. And you do indicate that we give careful consideration to adoption laws on a broad front?

Mr. **Oakley**. Yes, sir, I have no argument with that whatsoever.

Senator **Randolph**. Do you have any reason to believe that there are attorneys at law in your State who are in the business from the standpoint that you have expressed, that is not commensurate with the high canons of the law which you practice, and which you described?

Mr. **Oakley**. No, sir. Our interim committee found no evidence supplied by agencies, adopting parents, or otherwise that our bar was engaged in any of those practices.

Senator **Randolph**. How many lawyers are there in Iowa?

Mr. **Oakley**. 2,700.

Senator **Randolph**. 700?

Mr. **Oakley**. 2,700. There are more, but in actual active practice.

Senator **Randolph**. Mr. Chairman, I think that is worthwhile on this record. That is one State where you have made a check on this subject matter, is that right?

Mr. **Oakley**. We held extensive hearings, the minutes of which I have supplied to your counsel, and we have a good deal of other material that we could supply as a result of that, and there was no evidence, implied or otherwise, that there was any black marketeering of children in our State.

Senator **Mondale**. They have done well in Iowa. The only State is just to the north of it——

Senator **Randolph**. You mean a suburb of Minnesota?

Mr. **Oakley**. I might add, Senator Mondale, that you would be interested in a document that I have supplied to Miss Hoffman, having to do with the study that Arkansas made, of so-called grey market, a term which I think is inappropriate, which did indicate that independent placement could still take place in your State.

You might want to visit with those from Arkansas, because I think it is the feeling of those in Minnesota that that cannot happen.

Senator MONDALE. Thank you very much.

Senator RANDOLPH. Mr. Oakley, before you leave, I have checked carefully your prepared statement, even though I have not heard you deliver it, and I would like you to add for the record whether you believe that there is widespread unethical practice among a considerable number, or a small number, or what number, of attorneys so engaged throughout the country.

Mr. OAKLEY. My judgment would have to be limited in that regard, but based on my reading and visiting with the bar, it is a very small number of attorneys who have been very active and very unethical.

Senator RANDOLPH. Thank you very much.

Senator MONDALE. Thank you very much.

Our next, final witness is David K. Leavitt, attorney at law, Beverly Hills, Calif.

Pleased to have you with us today.

STATEMENT OF DAVID KEENE LEAVITT, ATTORNEY AT LAW, BEVERLY HILLS, CALIF., ACCOMPANIED BY MRS. LEAVITT

Mr. LEAVITT. Thank you very much, Senator.

Could Mrs. Leavitt sit here?

Senator MONDALE. Certainly.

Mr. LEAVITT. Senator, my name is David Keene Leavitt, I am an attorney at law, and I practice in Beverly Hills, Calif.

Having sat here through the hearings yesterday and today, I have heard questions from the committee, and will try to anticipate some of them in my presentation.

Senator MONDALE. I have read your statement, and if you wish, we could place your statement in the record as though you had read it.

Mr. LEAVITT. I would appreciate it.

Senator MONDALE. Please stress the points that you think are of interest.

Mr. LEAVITT. Yes, there are a number of things that I think are most important, and that are not covered in the statement.

First of all, I am an attorney in private practice. I am a graduate of Stanford University Law School. I have been in practice in Beverly Hills, Calif., for 20 years. During the past 16 years I have specialized in adoption and child custody matters.

In the past 16 years I have handled about 800 private adoptions. About 95 percent of my law practice involves the adoption or custody of children, juvenile court matters, guardianships, things having to do with the rights and custody of children.

I have been a member of the Adoption Committee of the Beverly Hills Bar Association, I am a member of the Los Angeles County Bar Association, and I am a consultant to the task force on the legislation on unwed fathers legislation, and as you can see, quite steadily interested in the field of adoption.

I feel that California has much to teach the United States, and this committee, and other States when it comes to adoption.

I wish that Senator Stafford were here, because he did question Mr. Moss as to whether there was malpractice within California adoptions. Mr. Moss did mention that there is not.

I want it to be understood that when I made this statement in my written presentation, I was referring to intrastate adoptions. There is no black market in the State of California, and there has not been for years and years and years. There is a good reason for that, and that is because California has liberal, reasonable well-regulated thorough adoption laws. They do not give adoption agencies a monopoly. They provide a healthy competition between private placement procedures and the adoption agencies, which means that the adoption agencies have to meet demand by adjusting their practices to the applicant, and the natural parents who they deal with, just as the attorneys have to keep in touch with the advances in the thinking concerning adoption.

Senator MONDALE. How is the interest of the baby served by competition?

Mr. LEAVITT. There is one major way in which the interest of the child is served, Senator. I have prepared a chart, which I would like to distribute to the committee. The most important way in which the child is served has not been discussed in this committee today.

Senator MONDALE. We will receive the chart for the record.

Mr. LEAVITT. The most important way in which the child is served by competition is that it encourages adoptions. I think we should start at ground one, and consider whether the adoption of children is to be discouraged or encouraged.

Mr. Chairman, my feeling is that when a parent is having a child under such circumstances that adoption seems to be a proper solution to the problem of the parent and child, adoption should be facilitated and encouraged.

Now, I would call the committee's attention to the figures on this chart which I have prepared. The number of adoptions in each State in the United States in 1973 was published by an Oregon foundation.

Now, it is very, very strange that the Opportunity Foundation of Portland, Oreg., which is a division of Boys and Girls Services Aid Society of Oregon, published for the first time a comprehensive statement of the number of adoptions in each State in the United States, and these are the figures upon which my chart is based.

Senator MONDALE. Do you have a copy of that?

Mr. LEAVITT. I will make copies of it for the record.

If you will notice, I have extrapolated on this chart the populations of the various States involved. I, of course, have not made a 50-State chart. I just did not have the time.

You will notice that in those States that encourage competition between independent and agency adoption systems, the number of adoptions is by far greater than the number of adoptions in those States which prohibit them.

Minnesota is not included on this chart simply of the prohibition Minnesota put on private adoptions in 1974. But if you will notice there is one adoption in California for every 3,500 people in the State in 1973.

In the two States which prohibit private adoptions, there is one adoption for every 21,000 or 24,000 people. In those States where independent adoptions are technically permitted but legally discouraged, where attorneys are penalized criminally for participating in independent adoptions, the ratio of adoptions is one in 9,000 or 10,000, or even 13,000 people.

For example, in the State of Illinois, there is only one adoption for every 13,000 people in 1973. Compare that to Indiana, for example.

Indiana had more adoptions than Illinois in 1973 because in Indiana independent adoptions are permitted.

Now, I think that we have to look at the basic problems with which we are dealing. At the risk of seeming facetious, and I am not, we must not throw out the baby with the bath water. There is nothing that turns my stomach more than the testimony I heard yesterday, and it is important that the racketeers and the baby sellers be put out of business.

But we have had 50 years in this country on a State-by-State basis of the notion that the way to put the baby sellers out of business is by tightening up the adoption laws and making the adoption agency a monopoly. It has not done it.

If this committee will look at the cases that it has seen, the baby buyers are all in States which do not permit a healthy competition between the private and the agency adoption systems. There are no buyers from California, as Mr. Moss said; within the State of California, there is no baby black market; within the State of Florida, there is no baby black market.

The reason that there is a baby black market in New York, in Massachusetts, and in Illinois, is because years ago legislators made the independent system there unworkable or illegal.

This meant that adopting parents in these States who wanted to adopt a child were faced with one of two alternatives. Either they got a baby from an adoption agency, and the adoption agency had no babies, or they bought a baby through a baby seller. That is all they could do. There was no way that they could have a lawful private adoption within their own States.

I urge the committee to look at the patterns; it is not an accident that you do not have baby buyers from Oregon or Arizona or Virginia. There are plenty of people with money in Virginia. There is a shortage of babies in Virginia, but childless couples are not buying babies from these baby sellers.

Now, there was testimony that two couples appeared in the *Silverton* case in California: California couples had received offers from this baby seller. But I think it is important to note that neither of these California couples accepted those offers, because they did not have to.

Now, I would like to go into the basic approach of California, because I think it is a good one. California law is based upon two premises which are very important.

No. 1, it is up to the mother of the child to make the decision as to who is going to adopt her child. If the licensed adoption agency does not make that decision, the law looks to the mother and her interest in the child's future to protect that child.

No. 2, the independent adoption in California is based on the premise that the mother of the child is a grownup. She is not mentally deranged, she is not non compos mentis. She is capable of working within her own intellect and her own emotional needs to make a good future for her child.

Now, our adoptions are carefully checked. It is true in California we do not have a preplacement investigation. However, legislation has been introduced, time after time, providing for preplacement investigations in California. I have appeared over the years before our legislature supporting such legislation, but the opponents of it are the adoption agencies.

The adoption agencies' argument is: If the State will preinvestigate couples who will adopt privately, it will put the agencies out of business, because agencies are the only people, in their estimation, who should be permitted to preinvestigate adoptive couples. They do not like the idea of a lawyer saying to a natural mother, "I know a lovely couple, they have been investigated by the State, if you would like to place the child with them they are available."

I do not want you to think that the reason that there are not preplacement investigations in many of these States is because the lawyers oppose it, or people who have any good sense at all oppose it. It is an economic problem of the adoption agencies who feel that their function will be impaired if the lawyers can present blue ribbon, certified couples, just as they can.

We have a very good investigation of private placements commencing within a week of a private placement and the filing of a petition for adoption. Our State department of health, or the Los Angeles department, where I practice, is in touch with that couple, has commenced an investigation.

If they get the slightest inkling of a problem with that couple they immediately report to the court, and within 10 days it is set for a hearing, full-scale litigated hearing. That child can be immediately removed from the home if it is defective.

The interesting thing about it—and maybe I am whiplashing about it a bit, because I say, gentlemen, we ought to have preplacement investigations—is that over the last 20 years, less than one-half of 1 percent of the couples adopting babies independently in California have been recommended for disapproval as an unsuitable family by the welfare investigators.

Now, we have certain surveys over the history of California. We have one by Dr. Rosenstein of UCLA back in 1961. We have another one by Dr. Sechter in 1964. These surveys indicate—and I think the committee should have this survey, the staff materials—these surveys indicate that the independent placements are either as good or better than the adoption agencies in California. I think that is important.

It is important that you notice also that the witnesses so far have not indicated that babies are being hurt by these repulsive practices of the baby sellers.

As Mr. Reid said, 99 percent of them are fine couples. I think he said 95 percent. It is not the babies that are being hurt.

What is happening is that the dignity of the United States, the majesty of the law, and the propriety of human conduct is being outraged and offended by these men who must be stopped, but not at the price of preventing babies from being adopted when those babies need adoption.

Now, in California, 80 percent of the newborn infants without special needs are adopted privately rather than through adoption agencies, and the system works just fine.

I want to emphasize this. It works fine, because all of the lawyers who handle intrastate adoptions in California handle them ethically, properly, and conscientiously. We only have one man in the whole State—we have 35,000 lawyers in California. We have this one man—a convicted felon, a suspended attorney—who has been convicted not only of adoption violations, but of defrauding insurance companies, and trying to bribe a county clerk in a nonadoption matter, and God knows what else.

This wicked individual, this one individual, is the only man in the whole State who is doing this.

And Mr. Moss, I am sure, will corroborate it. I think that is a pretty good record, and I think it indicates that an independent adoption system that is properly regulated will work just fine.

California has such a system.

Now, you may want to know about me, about what kind of work I do. I handle a lot of adoptions, I handled about 800 of them at least over the last 16 years. I have handled 65 independent adoptions in 1974. Three to five of them a month.

Senator **Mondale**. What is your average fee?

Mr. **Leavitt**. $850. I operate on a flat fee basis.

Senator **Mondale**. What percentage of your adoptive parents are in California?

Mr. **Leavitt**. About half of them, a little over half in 1974. We had a rather peculiar problem in California in 1974, involving *Stanley* v. *Illinois*.

I was being referred by other lawyers, large numbers of cases involving young women. I should not say only by lawyers, also by adoption agencies, which I found very interesting. There were large numbers of women in California in 1974 who were extremely upset at the thought that the father of the child would be notified or brought into the adoption itself. The Los Angeles County Superior Court in 1974 adopted extremely strict rules concerning the notification of natural fathers, and we were faced with situations where girls said, "Well, I want this baby adopted, but if they are going to have to bring him into it, I am going to keep him or leave the State."

So I was in fact jurisdiction shopping. I knew that there were States where the courts took a more relaxed view of *Stanley* v. *Illinois*.

Senator **Mondale**. So you would encourage placement wtih parents not residing in California?

Mr. **Leavitt**. I would explain to them the different requirements of courts concerning the practice—I will tell you what happened in Los Angeles County——

Senator **Mondale**. Who did you represent?

Mr. **Leavitt**. I represent primarily the child.

Cenator **Mondale**. Who paid the fee?

Mr. **Leavitt**. My fee is paid by the adopting parents. Let me explain what the supreme court has ruled.

Senator **Mondale**. I would just like to ask a few questions here. You say that you represented the child?

Mr. **Leavitt**. Right.

Senator **Mondale**. But the parents who wish to adopt paid the fee?

Mr. **Leavitt**. Right.

Senator **Mondale**. Is that possible?

Mr. **Leavitt**. Yes.

Senator **Mondale**. Tell me how.

Mr. **Leavitt**. All right. Under the codes of ethics and the decision of the California Supreme Court in *Arden* v. *State Bar*, which I think is a case which you might enjoy reading, it is 1959 Supreme Court of California, 52 California Second 310, this question was squarely decided by our supreme court.

In adoptions you have a very peculiar problem, Senator. The lawyers are more or less going to lose no matter what they do.

The problem is this. The bulk of adoptions are uncontested. In theory it is best to have separate representation, have one lawyer for the girl, one lawyer for the adopting parents. Somebody is going to have to pay those lawyers.

If you have dual representation, and the adopting parents pay both lawyers because the natural parent ordinarily cannot afford to pay any lawyer, then the lawyers are accused of piling on the legal fee. If you have an uncontested situation, essentially there is really no reason for the two lawyers.

The court held that there was no conflict of interest in an adoption case until an actual dispute arises, that the lawyer may represent all parties, provided that he makes full disclosure, that each party recognizes that he is representing all parties, and that if and when a dispute arises the attorney withdraws and requires separate counsel to be introduced at that time.

Senator MONDALE. How does the baby hire a special lawyer?

Mr. LEAVITT. The baby does not. However, the assumption is, of the law—well, I should not say that exactly.

In an intrastate California case there is an extensive and excellent investigation of the entire adoption by the Department of Health, or the license——

Senator MONDALE. Did that occur in the cases where 50 percent of the parents did not live in California?

Mr. LEAVITT. It did not occur until the interstate compact. Now, I want to go into the interstate compact later on——

Senator MONDALE. Well, not too much later.

Mr. LEAVITT. Let me get into it now. I am being cut off certainly not by the intention of the committee. The clock is an excellent task master.

Senator RANDOLPH. Mr. Chairman, since you indicated the closing of the hearing, I do not know whether we are approaching a rollcall, but I have to be presiding at a subcommittee on the Clean Air Act at 11:45.

Could I make, not a self-serving statement for Mr. Leavitt, but one that I would want the record to reflect, and that is that I think that the fee that you charge, Mr. Leavitt, is very reasonable.

Mr. LEAVITT. Thank you.

Senator RANDOLPH. I do, indeed. You say it is 95 percent of your practice, is that correct?

Mr. LEAVITT. That is correct.

Senator RANDOLPH. And my quick figuring would indicate that that is $55,000 a year, approximately, for this type of work, is that correct?

Mr. LEAVITT. Roughly.

Senator RANDOLPH. I share some of your criticisms about an adoptive agency that wants to continue its so-called payroll, and that is what it is in a sense, at the expense of attorneys who often can do, as you indicate they are doing, a job here in an ethical and helpful way to all parties concerned.

I believe, Mr. Chairman, that statement does not attempt to pat the witness on the back, but it indicates it is wholesome that we have an attorney who comes in and speaks as you do today.

Mr. LEAVITT. May I comment on that, Senator Randolph?

The attorneys are at a terrible disadvantage in the adoption field these days, and perhaps something could be done to help them.

As State after State has termed adoption work as either unethical or criminal, to be disapproved of by attorneys, the ethical attorneys, the people who care about children and adoption policy and constitutional rights of parents to decide the future of their children, are drawn away from this field.

An ethical attorney in New York finds it very hard to make a living in the adoption field. That means the only people who can make a living are the racketeers. They do not care about ethics or anything else. That is, all they care about is money.

There is very little scholarly work in this field. We need lawyers to analyze the implications of the entire adoption process. It is a very basic and important process in the lives that are concerned with it.

There are fewer and fewer lawyers in the country every year who are able to spend the time and attention to study it, because they are being looked down on as potential racketeers if they are in the adoption field at all.

Senator RANDOLPH. Mr. Leavitt, I understand your wife is working with you, is that right?

Mr. LEAVITT. That is right.

Senator RANDOLPH. Does she help you with this work?

Mr. LEAVITT. That is right, she is my secretary and assistant, and everything else in the world, as well as my sweetheart.

Senator RANDOLPH. I am glad to know that Petrocelli is not the only one who has his wife, not only as a companion, but an assistant, too.

Senator MONDALE. I have read your full statement which will be entered in the record as though read.

I want to close with this question. You decry, and I applaud you for it, the nauseating practice of baby selling. You have heard some of the discussion about appropriate remedies.

What do you think should be done?

Mr. LEAVITT. All right, Senator, I think at the moment the interstate compact is a good remedy, but I am not sure. I would take a two-step approach.

No. 1, I do not agree necessarily with the witnesses who say the interstate compact is inadequate, and so forth.

First of all, there has not been a single witness who has talked about the interstate compact so far that has ever dealt with it. I am impressed with one fact that the committee ought to recognize.

All of these nauseating examples of baby selling that have been brought to this committee do not include a single one where the two States belong to the Compact. Not one.

Now, there are 29 States in this compact now. Pennsylvania, which is an important one, just joined. I am advised that New Jersey is now in the process of getting its legislation done to join.

When Pennsylvania and New Jersey join, every single State with any major participation in the baby selling will be in the compact. I think that that is going to work, because I do not think adoptive parents are going to be quite so ready, or so able to get into this underground big payoff when, before they get the baby, they have to face the State welfare investigator, who is going to inquire as to the money, who can make them submit affidavits of the proposed expenses, who can make them submit affidavits if there are payments under the table, and so forth.

I am not at all sure that that compact is not going to work. I think it is going to work out beautifully, and if you had hearings 3 years from now you would not be able to turn up cases like those that have been brought to the attention of the committee, because of the compact.

But if the compact does not work, I would certainly support a law which provided for every interstate placement to be registered with an agency of the Federal Government.

Senator MONDALE. How long has the compact been in effect?

Mr. LEAVITT. In California and Florida it just went into effect.

Senator MONDALE. When was it instituted?

Mr. LEAVITT. New York ratified it 20 years ago.

Senator MONDALE. Why do you say that 3 years from now there will be no incidences of baby selling?

Mr. LEAVITT. In order for it to apply, both the sending and receiving States must belong. It is only now that the major States, California, Florida, Pennsylvania, New York, Massachusetts, the major States where these things have been taking place, all belong to it.

We still need Texas and New Jersey. But when Texas and New Jersey join then your major area for baby selling will all be in it, and New Jersey is in the process.

I think that when those States are in it you are going to find that this conduct is appreciably reduced. If you do not find that it is appreciably reduced, then I would favor a Federal law which requires that the identity of the natural and adoptive parents, and all intermediaries be disclosed to Federal agencies, and that information be transmitted to the appropriate welfare agencies of the States involved.

I would go further, but I am not sure it is necessary. Maybe in a "carrot" kind of legislation, if the State law does not require a full disclosure under oath, by all the parties and intermediaries, of the expenses involved, then the Federal agency should require such a penalty of prejury declaration.

My feelings is that you are going to get these baby sellers—not by outlawing, not by restricting a good system—but by the prejury route. Just like they got Al Capone for income tax evasion.

These baby sellers must lie, they must induce perjury, and it is the perjury that is going to put them in jail, and I think the Federal Government should help in any way they can.

Senator MONDALE. What do you think of the proposal?

Mr. LEAVITT. I think it is terrible, because it gives bureaucratic agencies veto power over adoption decisions.

Senator MONDALE. If it were altered to permit independent adoption but required further precustody investigation, would you feel the same?

Mr. LEAVITT. If it were altered to resemble the interstate compact, I would not object to it. There should be one important proviso, and that is upon failure of the administrative authority to investigate adoptions there would be recourse to the courts.

I have a great deal more faith in the courts with all the witnesses in front of it than I have in welfare investigators and welfare authorities who are ideologically opposed to private adoptions. If you gave the welfare people administrative authority which is unhampered, and to which there is no appeal, that would be a big mistake.

Senator MONDALE. Thank you very much, and we invite you to submit any further comments by letter that you wish to be made a part of the record.

Mr. LEAVITT. Yes, I will.

[The prepared statement of Mr. Leavitt along with other information referred to by him follows:]

SENATE SUBCOMMITEE ON CHILDREN AND YOUTH
APRIL 29, 1975

STATEMENT BY DAVID KEENE LEAVITT, ATTORNEY AT LAW
of Beverly Hills, California

INTRODUCTION

I am an attorney who has specialized in adoption and child custody cases for the past 16 years. I have handled about 800 adoptions, most of them independent private placements. I have been a member of the adoption committee of the Beverly Hills Bar Association and past president of the Medical-Legal Society of Southern California, and am the author of "The California Lawyer's Role in Independent Adoptions", 36 L.A. Bar Bulletin, page 189(1961). I am presently a member of the Committee on Adoptions of the American Academy of Pediatrics, Los Angeles Section.

My prepared statement is of necessity brief because I first learned of these hearings on Monday, April 21, 1975, and the rules require 100 copies to be filed by April 24, 1975 -- including a two day allowance for airmail delivery. I must therefore present these points extemporaneously and without detailed research which I would ordinarily devote to the preparation of such a statement.

I

THE CALIFORNIA EXPERIENCE

California has liberal and effective adoption laws based upon a parent's inherent constitutionally protected right to place her child for adoption with persons of her choice. (Certainly, a mother's right to select adopting parents for her child is as fundamental as her right to abort her pregnancy, and far more to be encouraged.)

There is virtually no incidence of baby selling or illegal adoption practices within California. During the past 15 years only two -- possibly three -- California attorneys have engaged in illegal activities: one voluntarily retired from the adoption field when his activities were publicized; two were suspended from practice or disbarred and spent time in prison.

Virtually all the black market cases in which these men participated involved California infants sold to couples living in Eastern states whose adoption laws prohibited or effectively discouraged local independent adoptions. Childless couples in such states either obtain a child from an adoption agency -- which may be extremely difficult -- or "buy" a child illegally. They have no reasonable, lawful alternative.

Although I cannot know all of the facts received by this Committee, I doubt that you have received evidence that Californians have been buying children.

In California, over three-quarters of all adoptions (except "special needs children") are handled privately, rather than through licensed adoption agencies. This has been the case for all but seven of the past fifty years. Independent adoptions in California are investigated by the State, a full report of placement arrangements and financial commitments are made to the court under oath, and our adoption judges have repeatedly advised our Legislature that they have observed no fee or financial abuses. Studies have shown that the independent placements are in all respects equal to, and in many ways better than placements made by licensed adoption agencies.

More important, California has almost three times as many adoptions as any other state. For example, in 1973, California had 5647 adoptions compared with only 1980 in New York, the next most "adopting" state -- even though the populations of the two states are about equal.

New York, however, has highly restrictive adoption laws and discourages independent placements in every possible way. It is inconceivable that New York has fewer infants in need of adoption than California: just fewer adoptions. Despite the legal restrictions, or perhaps because of them, New York is also the center of black market baby selling in the United States. (It should also be noted that, since adoption agencies have a virtual monopoly in New York, the fees they charge are incredibly high: for example, an adopting couple may be required to pay Louise Wise Services or Spence-Chapin Adoption Services fees in excess of $4,000.00 for a child, exclusive of the medical expense which is paid by the state and federal governments. In contrast, the average California independent adoption costs about half that amount, including all medical and legal expense -- without any cost to the taxpayer.)

The proper conclusion is that adoption agency monopoly and prevention (as contrasted with reasonable regulation) of private independent placements (1) drive childless couples to violate the law by buying babies from unscrupulous sellers, and (2) discourage adoptions in general and deprive children who really need them of adopting parents.

It is important that further legislative restriction of private independent placements be avoided. Adoption agency monopoly, which has been so popular in many populous midwestern and eastern states is counterproductive. Black marketing will not be eliminated by compounding the mistakes of the past.

II

THE GREY MARKET

The term "The Grey Market" has been used by adoption agencies and their partisans to characterize any independent adoption, whether good or bad, legal or illegal, ethical or depraved.

By its use of the word "grey" it connotes immorality and low principles; the word "market" implies misconduct and the purchase of infants even in cases where the only payments involved are proper medical expenses and reasonable attorneys' fees.

The phrase is a PR man's dream: I only wish the proponents of private placements could dream one up half as good.

But I urge this subcommittee -- which has permitted the use of this term in the description of its subject matter -- to apply it only to those cases in which the conduct of persons involved is morally or legally "grey" and the financial arrangements suggestive of a "market". Such cases comprise only the smallest fraction of the thousands of independent placements made annually in and between the greater number of states where such placements are customary, accepted and proper.

III

AN EFFECTIVE SOLUTION
THE INTERSTATE COMPACT ON PLACEMENT OF CHILDREN

Many, possibly most, of the cases brought to the attention of this subcommittee would not happen today -- at least insofar as they involve New York, Florida and California. It is my impression that control of these three states will go most of the way in eliminating the abuses under discussion.

Effective January 1, 1975, both California and Florida joined the Interstate Compact on the Placement of Children. New York has been a member for several years. The Compact now has 20 members and will undoubtedly have more.

Under the Interstate Compact, it is unlawful to bring a child from one member state into another without first being investigated and cleared by the receiving state.

Before clearance, welfare authorities in the natural mother's state (the sending state) interview her, assure themselves that she knows what she is doing, and determine that the placement law of that state is being complied with.

Meanwhile, welfare authorities in the adopting parents' state (the receiving state) investigate the couple, satisfy themselves that the placement is not contrary to the welfare of the child, and determine that the adoption laws of the receiving state are being complied with.

It is a criminal offense for a child to be brought into one member state from another without advance approval of the receiving state authorities.

Under the Interstate Compact, it is no longer possible for an unscrupulous attorney (or other operator) to make secret arrangements for a couple to appear suddenly and whisk a child out of his birth place to unknown destinations; or to travel around the country picking up babies and carrying them home to his clients -- unless he wishes to be a criminal subject to prosection in both states.

It has been less than six months since the Compact has been in force in California, Florida and New York together. I believe that it will work. It will prevent the kind of outrageous conduct which has been revealed to you -- and it will do so without disrupting private independent placements, the enormously vast majority of which are honestly handled, proper and for the welfare of the children involved.

Commentary

By

The Child Welfare League of America, Inc.

On

A Realistic Approach to Eliminating the Baby Black Market

Extension of remarks by David
Keene Leavitt, Attorney at Law,
presented to U.S. Senate
Subcommittee on Children and
Youth April 28-29, 1975

Child Welfare League of America, Inc.
67 Irving Place
New York, New York 10003

July 31, 1975

The Child Welfare League of America agrees with Mr. Leavitt that it is time to rethink the problems associated with black market adoptions. Further, it agrees with him that realistic approaches to eliminating this market must be undertaken. His reasons for the above, his focus, objectives, and proposed approach are, however, diametrically opposed to those of the League: His primary concern is adults' attainment of children; the League's is first and always protection of children. Inherent in the primacy of CWLA's concern for children is protection for biological mothers, for biological fathers, and for the adopting parents. No child's wellbeing can be secured without this due regard for the rights of the three parties involved in adoption.

Mr. Leavitt's approach does not provide essential safeguards for all three. In consequence, it goes counter to the official position taken by the American Bar Association as well as positions taken by professional organizations in the fields of medicine and of social work.*

Mr. Leavitt's "Extension of Remarks" contains some errors in facts, plus conclusions that lack substantiating data. It overlooks the essence of change in the current black market activities. Because it is the League's conviction that the Senate Subcommittee and the public in general should have the benefit of corrected information in order to protect children, we refute some of Mr. Leavitt's premises and offer this commentary on principle points submitted in his document. (Note: To expedite ready cross-reference, our comments are grouped according to subject headings in Mr. Leavitt's Table of Contents.)

I. "Remarkable Facts About the Baby Black Market"
(Pages 3-5 Leavitt)

The black market is not, as Mr. Leavitt says, limited "almost exclusively to Jewish couples in four eastern states."

Mr. Leavitt has no data that can substantiate this declaration.

CWLA's contacts with scores of voluntary agencies and State Departments of Public Welfare in many scattered states (e.g., California, Connecticut, Iowa, Minnesota, Nebraska--all compact states) contradict Mr. Leavitt's statements. They point to geographically widespread black marketeering that involves families of all major religious groups.

The transcripts of the Subcommitte's hearings do not confirm Mr. Leavitt's statements.

The League's contacts with numerous investigative reporters who have sought the League's national/international perspective do not confirm his statements.

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* Throughout this Commentary the asterisk is used to indicate the listing of pertinent literature. See Bibliography, pages 7-8.

The investigative reporting that has recently been undertaken by major newspapers in the U.S., Canada, Germany, and Holland reveals baby black marketeering to be both national and international in scope.

Mr. Leavitt cites as references a 12-year old article which does not reflect the more recent de-emphasis and elimination of religious requirements.

Mr. Leavitt's generic use of the phrase "independent adoptions" frequently fails to distinguish between independent adoptions that are legal and those independent adoptions that by state statute are illegal (black market). Contrary to the impression his document may give, there are forty-six states in which independent adoptions do "exist as an alternative to agency procedures" (Page 4 Leavitt).

It is fallacious to assume that the Interstate Compact on the Placement of Children* can eradicate black market placements. The Compact is indeed one significant step forward but it furnishes only a partial remedy. (For further discussion, see Page 5.

2. "The Adoption Agencies' Battle for Protection and Reform".
(Pages 6-8 Leavitt)

The CWLA and its accredited member agencies-as well as other quality agencies not affiliated with the League-do stand on the principle that adoption is not, and should not be, a private matter. Society is affected: it is involved and consequently society cannot insulate itself from concern for children who-because of their dependence-are unable to care for themselves and who thus require protection. Society has not chosen that children be placed privately from hand to hand. Rather, through its organized agencies and through the state as parens patriae it has chosen to assume responsibility for care and protection of children whose parents are unable for a variety of reasons to function as parents. Demonstration of society's choice is clearly seen in the May 1973 national statistics* which show that the proportion of non-relative adoptions arranged by social agencies has increased steadily in a 14-year span: 53% in 1957; 79 per cent in 1971. (Note: Because publication of national statistics lags and because those issued in February 1975 for the year 1972 are only partial, we use statistics published in 1973 for the year 1971).

CWLA does indeed support the above described demonstration of societal concern. It promotes the goal that regulation and control of adoptive placements, together with expansion and improvement of services, be required in order to assure maximum protection for the child, natural parents, and adoptive parents.

CWLA's candid support of agency adoptions has one basic rationale: No one social worker, no one lawyer, no one doctor (and certainly no one entrepreneur) when acting as an individual has the facilities and resources necessary to provide protection and services needed by all persons affected by adoption. Such services and protections are best insured through societal organizations. In consequence, the issue is not that of supremacy of one profession's competence and judgment over the other; instead it is a matter of uniting the respective skills in joint effort to discharge society's over-riding obligation to protect the welfare of all children.

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In taking this position, Child Welfare League of America has not, however, "opposed every effort to improve the independent adoption process" (Page 6 Leavitt). To the contrary, while openly recognizing the desirability of agency placements and the limitations of an after-placement-study, the League has consistently "battled" for such studies. Along with the study, CWLA has urged that agencies be ready to provide help which may still be of benefit to the child, the natural parents, and adoptive parents.

Mr. Leavitt contends (Page 7 of his remarks) that scientific investigation does not confirm the superiority of agency placements. The success rate of agency vs independent adoptions is not the issue; the issue is protection of those involved. In brief, the welfare of children needing homes belongs in the hands of societal institutions, not in the hands of individuals.

3. "Why Some States Have More Adoptions Than Others" (Pages 8-11 Leavitt)

Mr. Leavitt's "inescapable conclusion" is that where social agencies are the sole place for adoption, most natural parents will keep the child (Page 11 Leavitt document). This is an incredulous statement.

Most natural parents do keep their illegitimate children but this fact is without regard to state attitudes toward independent adoptions. The reasons for keeping children (or conversely for surrendering them) are multiple, e.g. the reasons may be rooted in emotional, cultural, ethnic, societal conditions, family and community pressure or in the fact that certain groups of parents have no choice-services for them and for their children simply are non-existent. (The non-existence of services does not apply to the parents of white infants with whom Mr. Leavitt is concerned).

Multiple causation notwithstanding, the following are the facts:

The 88,000 illegitimate children who were adopted (independently and through agencies) in 1965 amounted to only about one-third of the total number of illegitimate births in the previous year. In other words, a decade ago approximately two-thirds of the illegitimate children were not relinquished by their natural parents.

By 1971 when there were estimated to be 401,000 out of wedlock births in the United States, an estimated 101,000 illegitimate children were adopted. Thus it is seen by the latest statistics available that the long-established practice is continued. For many reasons the incidence of natural parents not relinquishing their children is on the increase.

This above fact applies to unmarried parents known to agencies as well as those not known to agencies. The League contends that unmarried parents should have choices in determining plans for themselves and their children. Adoption should be one of these choices; it should not be the only one. As needed, in their own right unmarried parents should receive a variety of services (e.g. legal, medical, counseling, educational, vocational, housing, financial assistance). To "reward" them with services or money on condition that they turn over a child is contrary to values of human dignity. To measure success only by a high count of decisions for adoption is tantamount to disregard of parents' rights and needs. It is tantamount to saying the parents' wellbeing is subordinated to the objective of securing a child for someone else.

The provision of a wide range of services for unmarried parents is particularly pertinent when one considers that in 1971 slightly more than half of the 401,000 illegitimate children were born to mothers 19 years of age and under*. These parents, many of them still children themselves, are highly vulnerable. Protections for them are as essential as they are for any child or youth.

Mr. Leavitt's conclusions as to why some states have more adoptions than others draw heavily on Opportunity reports - a series of surveys that actually are very limited. Opportunity's data are an inadequate base for major conclusions. Further, Mr. Leavitt's interpretation of Opportunity's tabulation is erroneous for he fails to consider that Opportunity's total data relate only to agency adoptions as reported by a few hundred agencies.

Factually, Mr. Leavitt is incorrect in his (page 10) statement that "The Opportunity study presents the only state-by-state tabulation of total adoptions published in the United States during the past ten years". In this decade to which he refers (and for many years previously) annual adoption statistics, much more comprehensive than Opportunity's, appear in official governmental reports entitled Child Welfare Statistics and Supplement to Child Welfare Statistics - Adoptions.* These data are issued by the U.S. Department of Health, Education, and Welfare (First by Children's Bureau and since 1968 by DHEW's National Center for Social Statistics).

Mr. Leavitt's quote of ratio of adoptions to population, even if his interpretation were correct, is unsoundly limited to the context of attitudes toward independent adoptions. It overlooks the highly significant impact that abortion*, contraceptives, and societal attitudes have brought to the adoption scene.

4. "Constitutional Rights and Independent Placement"
(Pages 12-14 Leavitt)

Mr. Leavitt, in his discussion of constitutional rights of a mother, makes no reference to constitutional rights of a natural father. The omission is serious in light of the U.S. Supreme Court decision on Stanley vs Illinois*. Since 1971 when Stanley was decided and subsequently when some states amended their laws, the League has not learned of any independent adoptions in which there was evidence that the father's constitutional rights had been regarded. Wherever there is disregard of a father's rights there is disregard of the child's legal security in adoption, his parent's security in relinquishment, and the adoptive parents' security that the child is legally theirs.

Mr. Leavitt's (page 13) statment that adoption agencies customarily discourage their clients from obtaining legal counsel "except for the final court formalities" is erroneous. CWLA Standards for Adoption Service* and CWLA Standards for Services for Unmarried Parents* specifically recommend the opposite. In practice, quality agencies subscribe to these standards.

Mr. Leavitt's position on the lawyer/doctor role (pages 12-13) is contradictory to that promulgated by The American Bar Association, The National Conference of Lawyers and Social Workers, The American College of Obstetricians and Gynecologists, The American Medical Association, The U.S. Children's Bureau (DHEW) and The Child Welfare League of America*.

5. "Why Have Private Interstate Placements at All?"
(Pages 14-16 Leavitt)

Mr. Leavitt's descriptions (pages 14-15) of what "desperate couples" would do if private interstate adoptions were prohibited and his statement about the state's unawareness of the child's presence in his new family are true now even though interstate placements are not limited to agencies. These conditions exist primarily because often there is no preplacement study of independent placements. They can, and frequently do, continue for years before the court or an authorized social agency knows the child is in the home. By then, even if the home is not an optimal setting for the child, removal could be severely traumatic for him. Legal consummation of adoption thus is often the lesser of two evils. It, therefore, is not surprising that only a few independent adoption petitions in California (and other states also) are rejected by the court.

The hazards of independent placements (as detailed, for example, by The American Academy of Pediatrics*) are not lessened by crossing state lines. If anything, they are intensified. Descriptions of the major areas of difficulty in interstate independent adoptions as well as those in interstate agency adoptions are detailed in Obstacles to Interstate Adoption*.

Contrary to Mr. Leavitt's statement (page 16), the Interstate Compact does not produce the effective regulation required to safeguard the welfare of the child and the rights of the other parties in adoption. Although CWLA advocated the Compact from its inception and although it continues to encourage its development, the League recognizes the limitations currently inherent in the Compact's operation. For example: (1) The Compact is dependent on existing state laws on adoption. If these are weak, few benefits ensue. (2) The act has no application to states that are not members. (3) Except for Canada, other countries cannot join as co-participants. (4) The Compact does not require that the judge who hears an adoption petition must inquire if the Compact requirements have been met. (5) Experience demonstrates that many judges are not yet aware that the Compact exists. (6) The penalties for non-conformity are minimal or do not exist. (7) The Compact contains no requirement that all direct and indirect adoption costs be disclosed by documentation.

The League will continue to work toward extension of the Compact's effectiveness. It is, however, not a "realistic approach" to assume that the Compact offers the regulation required to eliminate the adoption black market.

6. "How to Eliminate The Baby Sellers"
(Pages 16-18 Leavitt)

A primary thesis which Mr. Leavitt propounds is that responsibility for the baby black market rests on the shoulders of authorized adoption agencies. In essence he says, "let reputable lawyers and doctors create a competitive system". The American Bar Association* says the opposite-namely, "....it should be emphasized nonetheless that physicians, social workers, and lawyers, individually or jointly, when acting as individuals and not in cooperation with a qualified child placement agency do not have the facilities and resources necessary to provide protection and services needed by all persons affected by the adoption".* Clearly then, Mr. ~~Leavitt's principle~~ proposal is not supported by the official stance of his professional law colleagues. It is likewise contrary to the official stance of the allied professions of medicine and social work. How then can an individual lawyer's indictment of social agencies have viable credence? It cannot.

Mr. Leavitt is consistent in his thrust that the supply of adoptable babies is short because of agencies' "ideological battle for supremacy" and "their insistence that independent adoptions be eliminated rather than improved". This completely groundless premise overlooks societal changes in attitudes toward contraceptives, abortion, marriage, and alternative family life styles. It likewise overlooks a major essence of change in the black market picture - namely, that commercial abortion clinics, and possibly organized crime, are actively involved in buying and selling babies for profit. Mr. Leavitt's omission of these realistic considerations nullifies his conclusion. In short, agencies' ideology and attitudes do not, and cannot, destroy an individual's right to determine whether she will conceive, deliver her child, or relinquish her child.

Mr. Leavitt's proposals (Page 17-18) for legal mechanisms to insure "good and honest independent adoptions" are sound. The Child Welfare League of America supports these as an interim step to society's full assumption of responsibility for all children in need of care and protection.

7. "Conclusion"
   (Pages 18-19 Leavitt)

The Child Welfare League of America agrees with Mr. Leavitt's statement (page 18) that "thousands of needful children have gone unadopted" but it contradicts his inference that these thousands of children are white infants. They are not. The shortage of white infants for adoption is real, not artificial. It is real for reasons we have cited earlier. The thousands of needful children are also real but they happen to be older children, minority group children, those who are of mixed race, those who are physically, mentally, emotionally handicapped. They are those for whom the black market does not vie. They are ones who, then, do not come into the purview of Mr. Leavitt's proposal for he confines his to the baby market.

It is urgent that the baby black marketeering be eradicated; but it is likewise essential that this one aspect of adoption be viewed in the context of the total adoption scene. Mr. Leavitt's proposal, even were it otherwise viable, is narrow. It relates not at all to the thousands of other children who are in need of parents.* These children, identified by the League twenty years ago and in repeated trends studies* thereafter, are not white infants. A proposal that in no way connects itself with the milieu in which the black market is thriving is seriously delimited. Such a proposal consequently bears little pertinence to the reality of today's adoption scene.

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RATIO OF ADOPTION
TO POPULATION IN THE UNITED STATES DURING 1973, BY STATES

STATE	POPULATION (1970 Census)	TOTAL ADOPTIONS * (All races)	ADOPTIONS PER 100,000 POPULATION
1. INDEPENDENT ADOPTIONS ENCOURAGED			
California	19,715,000	5,647	28.6
Indiana	5,143,000	1,260	24.5
Wyoming	332,000	111	33.4
Iowa	2,825,000	1,279	45.2
2. INDEPENDENT ADOPTIONS PROHIBITED BY LAW			
Delaware	548,000	25	4.5
Connecticut	3,032.000	126	4.2
3. INDEPENDENT ADOPTIONS DISCOURAGED BY LAW			
New York	18,018,000	1,980	11.0
New Jersey	7,093,000	727	10.2
Pennsylvania	11,793,000	1,203	10.2
Massachusetts	5,630,000	569	10.1
Illinois	10,977,000	843	7.7

* Source: Opportunity -- A Division of the Boys and Girls Aid Society of Oregon
"National Survey of Black Children Adopted in 1973", Dated 12/2/74

FREQUENCY OF ADOPTION
1973 - SAMPLE

STATE	POP. (1970 CENSUS)	TOTAL ADOPTIONS	ONE ADOPTION PER
INDEPENDENTS ENCOURAGED			
CALIFORNIA	19,715,000	5647	3491
INDIANA	5,143,000	1260	4082
WYOMING	332,000	111	2990
OHIO	10,542,000	1885	5590
INDEPENDENTS PROHIBITED			
DELAWARE	548,000	25	21,920
CONNECTICUT	3,032,000	126	24,064
INDEPENDENTS DISCOURAGED			
NEW YORK	18,018,000	1980	9100
NEW JERSEY	7,093,000	727	9757
MASSACHUSETTS	5,630,000	569	9895
ILLINOIS	10,977,000	843	13,021

OPPORTUNITY - AN EDUCATIONAL AND DEMONSTRATION PROGRAM DEDICATED TO EXPANDING ADOPTION OPPORTUNITIES FOR NON-WHITE CHILDREN

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Inglew

NOTE Calif has almost 3 times as many adoptions as any other state

Reprint at will

December 2, 1974

NATIONAL SURVEY OF BLACK CHILDREN ADOPTED IN 1973

For a long time the number of black children placed for adoption increased every year. This ended in 1972 with a decrease of close to 20 percent. The latest survey shows a continuation of this decline with 23% fewer black children being placed.

	1969	1970	1971	1972	1973	Decrease 1972-1973
Total Children Placed	N.A.	N.A.	44761	36099	29809	17%
Total Black Children Placed	4336	6474	7420	6065	4655	23%
Placed with Black Families	2889	4190	4846	4467	3574	20%
Placed with White Families	1447	2284	2574	1569	1091	30%
Number of Reporting Agencies	345	427	468	461	434	

To provide comparative data the following table shows the placement activity of the 345 agencies which responded for both 1972 and 1973. These agencies reported a decrease of 18% in the number of black children placed.

	1972	1973	Decrease
Total Placed	25579	21684	15%
Total Black Placed	4305	3540	18%
Total Black Placed - Black Families	3146	2720	14%
Total Black Placed - White Families	1159	821	29%

It is notable that these 345 agencies reported that all placements declined only 15%. The rate of decline was 20% greater for black children than for other children. This is the second consecutive year in which black placements decreased at a rate faster than white placements. Although the total number of children available for adoption has gone down since 1971, Opportunity has uncovered no information suggesting that black children decreased more than white. To the contrary, the responding agencies reported a heavy backlog of black children who had been waiting for adoption for more than thirty days. Whereas black children comprised substantially less than 20% of all children placed, they comprised 40% of the combined backlog. Naturally, this varied widely from agency to agency. Quite a few agencies markedly increased the number of black children they were able to place. Many agencies reported no backlog of black children available for adoption.

INTERRACIAL ADOPTIONS *

Comments by the responding agencies clearly show that the 58% decrease in interracial placements in two years did not result from a scarcity of black children or an abundance of black families but from specific changes in the policies and practices of many agencies. The continuing shortage of black adoptive homes is underscored by The Child Welfare League of America which reports that the agencies participating in its study for the last half of 1973 approved only 60 non-white adoptive homes for every 100 non-white children accepted for adoptive planning. Despite the shortage of black homes some agencies do not consider white adoptive applicants under any circumstances. They believe that it is better for black children to remain in foster homes or institutions if black adoptive homes are not available. Other agencies have no formal policy but their practices discourage all but a few interracial placements. The majority seem to be in doubt, uncertain as to the best course to follow. A substantial minority evaluates all families for black children on the premise that each child is entitled to a loving permanent home, if one can be found. It is interesting to note that the agencies in 20 states reported placing as many or more black children in 1973 as in 1972 despite the drop in the number of children becoming available for adoption. There were 18 states who actually increased the number of interracial placements reported.

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* OPPORTUNITY uses interracial which suggests a "blending" in preference to transracial which connotes a bridge over a chasm.

OPPORTUNITY

U.S. CENSUS REGIONS & STATES	NO. OF AGCS.	TOTAL CHILDREN PLACED	BLACK CHILDREN PLACED IN BLACK HOMES	BLACK CHILDREN PLACED IN WHITE HOMES
New England	32	1342	64	55
Connecticut	5	126	20	3
Maine	4	162	0	3
Massachusetts	15	569	26	35
New Hampshire	2	161	3	0
Rhode Island	2	132	13	8
Vermont	4	192	2	6
Mid Atlantic	117	3910	1011	333
New Jersey	7	727	196	53
New York	44	1980	639	167
Pennsylvania	66	1203	176	113
E. N. Central	118	6798	840	227
Illinois	18	843	268	42
Indiana	9	1260	85	27
Michigan	20	1824	212	38
Ohio	63	1885	264	86
Wisconsin	8	986	11	34
W. N. Central	37	3958	148	107
Iowa	9	1279	29	39
Kansas	1	213	36	9
Minnesota	7	1143	10	24
Missouri	7	551	55	11
Nebraska	8	348	16	13
No. Dakota	3	262	2	8
So. Dakota	2	162	0	3
Pacific	38	6627	574	177
Alaska	1	72	1	2
California	24	5647	534	127
Hawaii	1	19	0	0
Oregon	6	427	7	33
Washington	6	462	32	15

U.S. CENSUS REGIONS & STATES	NO. OF AGCS.	TOTAL CHILDREN PLACED	BLACK CHILDREN PLACED IN BLACK HOMES	BLACK CHILDREN PLACED IN WHITE HOMES
S. Atlantic	42	2812	509	87
Delaware	2	25	5	0
Florida	4	827	99	27
Georgia	2	588	158	5
Maryland	17	317	42	19
No. Carolina	3	210	45	3
So. Carolina	2	266	59	0
Virginia	6	172	32	2
Wn. D. C.	5	195	45	12
West Virginia	1	212	24	19
E. S. Central	12	868	105	20
Alabama	1	46	7	1
Kentucky	3	564	55	18
Mississippi	1	81	30	0
Tennessee	7	177	13	1
W. S. Central	19	1963	278	27
Arkansas	1	202	47	2
Louisiana	1	41	19	2
Oklahoma	4	391	46	5
Texas	13	1329	166	18
Mountain	19	1531	45	58
Arizona	6	239	12	20
Colorado	2	95	5	9
Idaho	1	134	2	2
Montana	3	206	0	6
Nevada	1	123	7	5
New Mexico	1	145	9	12
Utah	4	478	6	2
Wyoming	3	111	4	2
TOTAL BLACK CHILDREN PLACED			4665	
GRAND TOTALS	434	29809	3574	1091

His Name is Today

Gabriela Mistral
Nobel Prize-winning Poet from Chile

"We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The Child cannot. Right now is the time his bones are being formed, his blood is being made and his senses are being developed. To him we cannot answer, 'Tomorrow'. His name is 'Today'."

THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

AMERICAN PUBLIC WELFARE ASSOCIATION

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THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

Finding suitable homes for children who have lost or never had them is a problem with many faces. Most often it has been thought of as an illegitimate infant or one from a broken marriage. Frequently it's a child removed from parental neglect or abuse. Sometimes, it is a child who needs special care or services.

Public attention to the problem rides up and down like a roller coaster. It is intense in times of outcry against black markets in babies, it tails away to nothing when the supply of the more sought after children nears exhaustion. The belief then becomes widespread that the problem is solved because every child who can expect to have a home has been provided with one. But such thoughts are illusions. They are based on a skewed perception of the human needs involved.

The would-be parents and children have needs for love, security, and fulfillment that can be met only when children in need of placement are matched with adults who can care for them. Thus there is always a shortage. Sometimes it is of children to satisfy the needs of would-be adoptive or foster parents. At other periods the shortage is of parents for children who are less readily placed because of handicap or because they are from minority groups. There is also a continuing need to find homes for older children hitherto less often placed but who need family environments fully as much as do infants.

Satisfying the material, emotional and spiritual needs of children who must have families and of adults who want youngsters through foster parenthood or adoption produces a never ending series of searches. Most often they are carried on in the relatively small geographic areas surrounding the living places of the people immediately involved. The child caring and placement agencies (public or private) which may provide assistance or supervision are also local or those of a single state.

But experience shows that neither the needs of children nor adults can be met by restricting child placement services and supervision to the territory of any single state. A variety of circumstances makes interstate placements of children essential and offers compelling reasons for an interstate compact under which the jurisdictional, administrative and human rights and obligations involved can be protected. The Interstate Compact on the Placement of Children, which by 1974 had been enacted in 24 states, is that compact. The Compact's text is reproduced in full at the end of this statement.

The most obvious reason why interstate placements are necessary is that almost never is the number of children requiring placements and the numbers and kinds of adults anxious and able to receive them in balance within any state or local area If the surplus in either group is to be accommodated, its fulfillment must be found in another state

Another circumstance of increasing importance is that families move, including many with children whose adoptions have not yet been perfected or who are in foster care not intended to eventuate in adoption In the absence of the Interstate Compact on the Placement of Children such families face undesirable alternatives

1 They may forego the move and so lose employment, career advancement or other personal benefits or necessities, or

2 They may leave the children behind thereby denying their own needs and those of the children, or

3 They may take the children with them (in some cases illegally) and create situations in which the normal legal and administrative protections surrounding the placement are lost

The Interstate Compact on the Placement of Children is a legally and administratively sound means of permitting child placement activities to be pursued throughout the country in much the same way and with the same safeguards and services as though they were being conducted within a single state

The Compact applies to placements preliminary to possible adoptions, placements in foster care where no adoption is contemplated, and institutional placements of adjudicated delinquents needing special services or programs not available within the state

In brief, the Compact requires notice and ascertainment of the suitability of a placement before it is made; allocates in specific fashion the legal and administrative responsibilities during the continuance of an interstate placement, provides a better basis for enforcement of rights and responsibilities than now exists and authorizes joint actions of the administrators in all party states to further effective operations and services when either public agencies or private persons and agencies in more than one state are involved in a placement situation

A single state acting alone is unable to effectuate similar procedures and safeguards because of its inability to give its courts and administrative agencies authority beyond its own territory This is a jurisdictional limitation which is not overcome by the Full Faith and Credit Clause of the United States Constitution Although Article IV, Section 1 of the Constitution provides that "Full Faith and Credit shall be given in each State to the public Acts, Records, and judicial Proceedings of every other State", this is not a proclamation that each state must enforce the laws of her sister states

Full Faith and Credit applies only when a state's proceeding has had a jurisdictionally valid basis Riley v N. Y. Trust Co., 315 U.S.

343 (1941) It is not a grant which extends jurisdiction where none otherwise exists In the absence of a multilateral law such as that of the Compact, jurisdistion can, in general, only be obtained when the parties and/or the subject of the controversy are within the state's territorial boundaries McDonald v Mabee. 243 U.S. 90 (1917). That an interstate compact can validly confer extraterritorial jurisdiction has, however, been reaffirmed many times, e.g Gully v Apple. 213 Ark. 350 (1948). Ex parte Tenner. 20 Ca2d 670 (1942). Accordingly, the Interstate Compact on the Placement of Children, which becomes valid law in each of the party states, grants the requisite jurisdiction to all of them to solve a number of specific problems encountered in interstate placements.

1. **Unilateral laws seeking to regulate placements into other states or to restrict placements into the state from other states have no effect beyond the single state's borders.** Many states, recognizing the need for some regulation of interstate placements have enacted child importation and exportation statutes. In general, these laws require that no child may be placed into or out of the state without consent of its public welfare agency Consent is conditioned upon notification of the intended placement containing sufficient information for the agency to make a determination that it will not be undesirable There is scant means of insuring compliance The frequent statutory authorization for bond is largely ineffective, either because it is ignored or waived and because at best, it cannot substitute for any but the financial aspects of placement obligations.

For example, there is nothing to compel the sending agency or person located in another state to comply with notice requirements Without prior notification, the state in which the child is placed has no opportunity to make any preplacement investigation Thus, a child often arrives in the state without any determination being made as to the appropriateness of the environment. Such placements will frequently go entirely undetected and unsupervised until after something has gone wrong Only then does a tragic situation come to the attention of the authorities Often, those who should be responsible for taking remedial action are in another jurisdiction and cannot be reached by either administrative or court procedures. Furthermore, when a child is being placed out of a state, the state of origin has no assurances of the adequacy of the preplacement services in the receiving state, or even of obtaining any.

The ineffectiveness of these unilateral attempts to regulate interstate placements is indicated by the fact that although 29 states have importation statutes and 9 have exportation statutes, there have been very few attempts to enforce them See In Re Adoption of Lunger. 28 N.J Super 614 (1953) (Statute making it misdemeanor to place children in state without prior approval cannot be applied against placement agency located outside the state); In Re Blalock, 283 N.C. 493 (1951). (Had nonresident violators of exportation statute not placed themselves within the courts jurisdiction, their motion to dismiss would probably have been granted for lack of jurisdiction).

In contrast, the Compact provides a legally enforceable procedure for insuring that sufficient information is furnished for a determination as to the suitability of the placement (Art. III). Accordingly, there is assurance of having a sufficient determination that the prospects for the placement are satisfactory.

2. A state has no means of monitoring the performance of those who are caring for a child placed in another state. In the absence of the Compact, the sending state has no way of insuring that an agency or foster parents in another state are meeting their responsbilities toward the child. In general, one state cannot enforce the laws of another state in any affirmative sense. United States v. Constantine, 296 U.S. 287 (1935). The Compact provides the necessary authority for establishing legally sound agency relationships among public and private entities in the sending and receiving states and also makes valid the enforcement of the appropriate laws of either state in both the sending and receiving jurisdictions. See Bartkus v. Illinois, 359 U.S. 121 (1959); Abbate v. United States, 359 U.S. 187 (1959). (Punishing a given course of conduct in more than one jurisdiction not barred by the double jeopardy provision of the Fifth Amendment). This secures a means of assuring that information and supervision will be a practical reality. Furthermore, because the Compact becomes law in each of the party states, enforcement of its provisions by any one of them is actually enforcement of that state's own law.

3. Laws fixing responsibility for education, care or support of the child do not apply. Should a child be brought into a state without prior notification and arrangements, the state in which he is placed would ultimately bear the responsibility for meeting the child's welfare needs. Indeed, because absence of legal residence is not sufficient grounds for denying welfare assistance, the child has a right to the same basic support as would be provided a child already residing in the state. Shapiro v. Thompson, 394 U.S. 618 (1969). That support of a child placed from another state is a matter of concern is attested to by the fact that most of the importation statutes provide that the sending agency or person shall remain financially responsible for the child. Such an attempt to fix responsibility is often practically unavailing because it is unenforceable except by forfeiture of the bond. The Compact, which legally fixes financial responsiblity with the sending agency, gives the receiving state a superior means to any other now existing of enforcing child support from the persons or agencies which should have the obligation.

4. Jurisdistion over the child ends at the state line. In the absence of the Compact, the sending state can no longer reach the child once he is placed out-of-state. Should a placement go bad, the state-of-origin has no means to effect removal of the child to a better environment or, if need be, to compel his return. Formerly, a child was considered to have no rights in regard to such a situation. He could be shifted about or placed at will but only by authorities who could assert jurisdiction over him. More recently, it has become established that, in addition, juveniles are entitled to a measure of due process. McKeiver v. Pennsylvania, 403 U.S. 528 (1971); In the Matter of Winship, 397 U.S. 358 (1970); In Re Gault, 387 U.S. 1 (1967). Consideration must now be given to the child's rights to proper procedures before he can be placed in a home or removed to another. Although this has always been desirable as good policy, it is now required by law. The Compact provides for the application of proper procedures consistent with the child's legal rights. It insures that the child's interest in protection from a bad placement situation will not go unremedied.

The Interstate Compact on the Placement of Children does not purport to supplant existing child placement laws, but rather is a valuable supplement to them. The Compact does not attempt to deal with all aspects of placements but only with those of particular significance for interstate situations. For example, although Stanley v. Illinois, 405 U.S. 645 (1972), is of great consequence in the field of child placement, it has no special bearing on the operation of the Compact. Such matters as relinquishment of parental rights or licensing of agencies, although of great concern in child placement are of equal importance whether the placement is intrastate or interstate. Those placement matters which are not uniquely of interstate concern remain within the realm of individual state action. The Compact provides the necessary legal framework for placements in which more than one state is involved, thereby improving protection for children and those who care for them.

TEXT OF INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

ARTICLE I. Purpose and Policy

It is the purpose and policy of the party states to cooperate with each other in the interstate placement of children to the end that:

(a) Each child requiring placement shall receive the maximum opportunity to be placed in a suitable environment and with persons or institutions having appropriate qualifications and facilities to provide a necessary and desirable degree and type of care.

(b) The appropriate authorities in a state where a child is to be placed may have full opportunity to ascertain the circumstances of the proposed placement, thereby promoting full compliance with applicable requirements for the protection of the child.

(c) The proper authorities of the state from which the placement is made may obtain the most complete information on the basis of which to evaluate a projected placement before it is made.

(d) Appropriate jurisdictional arrangements for the care of children will be promoted.

ARTICLE II. Definitions

As used in this compact:

(a) "Child" means a person who, by reason of minority, is legally subject to parental, guardianship or similar control.

(b) "Sending agency" means a party state, officer or employee thereof; a subdivision of a party state, or officer or employee thereof; a court of a party state; a person, corporation, association, charitable agency or other entity which sends, brings, or causes to be sent or brought any child to another party state.

(c) "Receiving state" means the state to which a child is sent, brought, or caused to be sent or brought, whether by public authorities or private persons or agencies, and whether for placement with state or local public authorities or for placement with private agencies or persons.

(d) "Placement" means the arrangement for the care of a child in a family free or boarding home or in a child-caring agency or institution but does not include any institution caring for the mentally ill, mentally defective or epileptic or any institution primarily educational in character, and any hospital or other medical facility.

ARTICLE III. Conditions for Placement

(a) No sending agency shall send, bring, or cause to be sent or brought into any other party state any child for placement in foster care or as a preliminary to a possible adoption unless the sending agency shall comply with each and every requirement set forth in this article and with the applicable laws of the receiving state governing the placement of children therein.

(b) Prior to sending, bringing or causing any child to be sent or brought into a receiving state for placement in foster care or as a preliminary to a possible adoption, the sending agency shall furnish the appropriate public authorities in the receiving state written notice of the intention to send, bring, or place the child in the receiving state. The notice shall contain:

(1) The name, date and place of birth of the child.

(2) The identity and address or addresses of the parents or legal guardian.

(3) The name and address of the person, agency or institution to or with which the sending agency proposes to send, bring, or place the child.

(4) A full statement of the reasons for such proposed action and evidence of the authority pursuant to which the placement is proposed to be made.

(c) Any public officer or agency in a receiving state which is in receipt of a notice pursuant to paragraph (b) of this article may request of the sending agency, or any other appropriate officer or agency of or in the sending agency's state, and shall be entitled to receive therefrom, such supporting or additional information as it may deem necessary under the circumstances to carry out the purpose and policy of this compact.

(d) The child shall not be sent, brought, or caused to be sent or brought into the receiving state until the appropriate public authorities in the receiving state shall notify the sending agency, in writing to the effect that the proposed placement does not appear to be contrary to the interests of the child.

ARTICLE IV. Penalty for Illegal Placement

The sending, bringing, or causing to be sent or brought into any receiving state of a child in violation of the terms of this compact shall constitute a violation of the laws respecting the placement of children of both the state in which the sending agency is located or from which it sends or brings the child and of the receiving state.

Such violation may be punished or subjected to penalty in either jurisdiction in accordance with its laws. In addition to liability for any such punishment or penalty, any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place, or care for children.

ARTICLE V. Retention of Jurisdiction

(a) The sending agency shall retain jurisdiction over the child sufficient to determine all matters in relation to the custody, supervision, care, treatment and disposition of the child which it would have had if the child had remained in the sending agency's state, until the child is adopted, reaches majority, becomes self-supporting or is discharged with the concurrence of the appropriate authority in the receiving state. Such jurisdiction shall also include the power to effect or cause the return of the child or its transfer to another location and custody pursuant to law. The sending agency shall continue to have financial responsibility for support and maintenance of the child during the period of the placement. Nothing contained herein shall defeat a claim of jurisdiction by a receiving state sufficient to deal with an act of delinquency or crime committed therein.

(b) When the sending agency is a public agency, it may enter into an agreement with an authorized public or private agency in the receiving state providing for the performance of one or more services in respect of such case by the latter as agent for the sending agency.

(c) Nothing in this compact shall be construed to prevent a private charitable agency authorized to place children in the receiving state from performing services or acting as agent in that state for a private charitable agency of the sending state; nor to prevent the agency in the receiving state from discharging financial responsibility for the support and maintenance of a child who has been placed on behalf of the sending agency without relieving the responsibility set forth in paragraph (a) hereof.

ARTICLE VI. Institutional Care of Delinquent Children

A child adjudicated delinquent may be placed in an institution in another party jurisdiction pursuant to this compact but no such placement shall be made unless the child is given a court hearing on notice to the parent or guardian with opportunity to be heard, prior to his being sent to such other party jurisdiction for institutional care and the court finds that:

1. Equivalent facilities for the child are not available in the sending agency's jurisdiction. and

2. Institutional care in the other jurisdiction is in the best interest of the child and will not produce undue hardship

ARTICLE VII. Compact Administrator

The executive head of each jurisdiction party to this compact shall designate an officer who shall be general coordinator of activities under this compact in his jurisdiction and who, acting jointly with like officers of other party jurisdictions, shall have power to promulgate rules and regulations to carry out more effectively the terms and provisions of this compact

ARTICLE VIII. Limitations

This compact shall not apply to

(a) The sending or bringing of a child into a receiving state by his parent, step-parent, grandparent, adult brother or sister, adult uncle or aunt, or his guardian and leaving the child with any such relative or non-agency guardian in the receiving state

(b) Any placement, sending or bringing of a child into a receiving state pursuant to any other interstate compact to which both the state from which the child is sent or brought and the receiving state are party, or to any other agreement between said states which has the force of law

ARTICLE IX. Enactment and Withdrawal

This compact shall be open to joinder by any state, territory or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and, with the consent of Congress, the Government of Canada or any province thereof. It shall become effective with respect to any such jurisdiction when such jurisdiction has enacted the same into law. Withdrawal from this compact shall be by the enactment of a statute repealing the same, but shall not take effect until two years after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the Governor of each other party jurisdiction. Withdrawal of a party state shall not affect the rights, duties and obligations under this compact of any sending agency therein with respect to a placement made prior to the effective date of withdrawal

ARTICLE X. Construction and Severability

The provisions of this compact shall be liberally construed to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters.

STATE ENABLING LEGISLATION

Following is the draft of an enabling act. Its purpose is to put the compact into effect and to relate its provisions to the organizational structure and operating procedure of the ratifying state. To accomplish this purpose, the language of the enabling act must vary from state to state.

In contrast, the language of the compact proper—as distinguished from the enabling act—should be adopted verbatim by all ratifying states so that possible legal difficulties may be avoided.

SUGGESTED DRAFT FOR ENABLING ACT

[Title should conform to state requirements]

(Be it enacted, etc.)

Section 1. The Interstate Compact on the Placement of Children is hereby enacted into law and entered into with all other jurisdictions legally joining therein in form substantially as follows:

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

[At this point insert the exact text of the compact as shown]

Section 2. Financial responsibility for any child placed pursuant to the provisions of the Interstate Compact on the Placement of Children shall be determined in accordance with the provisions of Article V thereof in the first instance. However, in the event of partial or complete default of performance thereunder, the provisions of [State laws fixing responsibility for the support of children] also may be invoked.

Section 3. The "appropriate public authorities" as used in Article III of the Interstate Compact on the Placement of Children shall, with reference to this state, mean the [insert name of appropriate state agency] and said [agency] shall receive and act with reference to notices required by said Article III. [Add such additional enforcement provisions as may be necessary.]

Section 4. As used in paragraph (a) of Article V of the Interstate Compact on the Placement of Children, the phrase "appropriate authority in the receiving state" with reference to this state shall mean the [insert name of appropriate official or agency].

Section 5. The officers and agencies of this state and its subdivisions having authority to place children are hereby empowered to enter into agreements with appropriate officers or agencies of or in other party states pursuant to paragraph (b) of Article V of the Interstate Compact on the Placement of Children. Any such agreement which contains a financial commitment or imposes a financial obligation on this state or subdivision or agency thereof shall not be binding unless it has the approval in writing of the [chief state fiscal officer] in the case of the state and of the chief local fiscal officer in the case of a subdivision of the state.

Section 6. Any requirements for visitation, inspection or supervision of children, homes, institutions or other agencies in another party state which may apply under [cite appropriate provisions of statute] shall be deemed to be met if performed pursuant to an agreement entered into by appropriate officers or agencies of this state or a subdivision thereof as contemplated by paragraph (b) of Article V of the Interstate Compact on the Placement of Children.

Section 7. The provision of [cite statutes restricting out-of-state placement] shall not apply to placements made pursuant to the Interstate Compact on the Placement of Children.

Section 8. Any court having jurisdiction to place delinquent children may place such a child in an institution in another state pursuant to Article VI of the Interstate Compact on the Placement of Children and shall retain jurisdiction as provided in Article V thereof.

Section 9. As used in Article VII of the Interstate Compact on the Placement of Children, the term "executive head" means the [Governor]. The [Governor] is hereby authorized to appoint a compact administrator in accordance with the terms of said Article VII.

Section 10. [Insert effective date.]

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April 30, 1975

Hon. Walter F. Mondale, Chairman
Subcommittee on Children and Youth
United States Senate
Washington, D.C. 20510

Dear Senator Mondale:

As you requested at the hearing on Black Market Baby Sellers yesterday, I am enclosing the figures indicating the correlation between the frequency of adoption in the various states and their attitudes toward independent placements.

You will notice that the states which encourage independent adoptions enjoy two or three times as many adoptions per unit of population as the states which discourage the procedures. The encouraging states have seven to ten times as many adoptions per unit of population as the states which outlawed independent placements completely (prior to 1973, the only year for which the adoption totals are available.)

Several important states, such as California, Florida and Pennsylvania, have joined the Interstate Compact on the Placement of Children within the past six months.

Although much of the evidence of baby selling involved lawyers (or ex-lawyers) in these states, it is to be observed that there was no evidence of even a single case before your subcommittee of such misconduct where both the state of the child's birth and the state of the adopting parents' residence were members of the Compact! (All of the abuses before the committee occurred before the states in which they took place joined the compact).

You will also notice that virtually all the "buyers" in the Black Market reside in those states which discourage independent placements by legislation ostensibly designed to eliminate baby selling. At the same time, there are no "buyers" in those states where independent placements are encouraged.

Now that the really important states have finally joined, I believe the Compact should be given a chance to prove itself before the independent adoption process and the overwhelming majority of honest and excellent adoptions produced thereby are outlawed or hamstrung. If after a fair trial, the Compact fails to prevent interstate baby selling, effective federal legislation will obviously be required -- and I will support it.

As you also requested, I am preparing a more comprehensive statement of my views, which will follow shortly.

Thank you very much.

Sincerely,

David Keene Leavitt

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RATIO OF ADOPTION
TO POPULATION IN THE UNITED STATES DURING 1973, BY STATES

STATE	POPULATION (1970 Census)	TOTAL ADOPTIONS * (All races)	ADOPTIONS PER 100,000 POPULATION
1. INDEPENDENT ADOPTIONS ENCOURAGED			
California	19,715,000	5,647	28.6
Indiana	5,143,000	1,260	24.5
Wyoming	332,000	111	33.4
Iowa	2,825,000	1,279	45.2
2. INDEPENDENT ADOPTIONS PROHIBITED BY LAW			
Delaware	548,000	25	4.5
Connecticut	3,032.000	126	4.2
3. INDEPENDENT ADOPTIONS DISCOURAGED BY LAW			
New York	18,018,000	1,980	11.0
New Jersey	7,093,000	727	10.2
Pennsylvania	11,793,000	1,203	10.2
Massachusetts	5,630,000	569	10.1
Illinois	10,977,000	843	7.7

* Source: Opportunity -- A Division of the Boys and Girls Aid Society of Oregon
"National Survey of Black Children Adopted In 1973", Dated 12/2/74

SPAULDING
FOR CHILDREN
3660 WALTROUS ROAD • Phone: 313-475-2500 • CHELSEA, MICHIGAN 48118

Since Spaulding for Children began work as a specialized adoption agency in 1968, more than 150 older and handicapped children have been placed with adoptive families in Michigan by this agency alone.

We believe these children are indeed able to be adopted and that there are families who can successfully parent them. Our hope is that this handbook, a brief summary of our beliefs and practices, will encourage other attempts to increase adoptive placements of similar youngsters.

The Spaulding Staff

Dottie Blacklock
Kay Donley
Marty McClatchey
Sue Schroen

AN INTRODUCTION TO SPAULDING FOR CHILDREN

Spaulding for Children is a private or voluntary adoption agency, established as a result of citizen belief that many children labeled "hard-to-place" were not finding their way to permanent families. Spaulding for Children would not have been possible without the concern of Warren Spaulding, an 84 year old bachelor farmer, who gave his centennial farm and the surrounding acerage as a gift to be used for the benefit of children in his lifetime and beyond.

During the time that Warren Spaulding was looking for a way to help children, a seminar entitled Frontiers in Adoption was held at the University of Michigan. This meeting was jointly sponsored by the Council on Adoptable Children (an organization of adoptive parents, prospective adopters, and some professionals), the Michigan Association of Children's Agencies, the Michigan Department of Social Services, the Probate Judges' Association, the University of Michigan School of Social Work, and others. Frontiers in Adoption, held in 1967 and spearheaded by the Council on Adoptable Children, revealed that the rapidly increasing numbers of hard-to-place children were not receiving adequate attention and service. As a direct result of that conclusion, Spaulding for Children was founded to serve only the hard-to-place child: the youngster whose own special adoption needs made him less likely to find a permanent home. In 1968, the special needs factor was age or length of time without a permanent home, a physically or mentally handicapping condition, or minority heritage. For many children, a combination of two or more of these factors existed.

After operating as a specialized adoption agency from 1968 until the present, Spaulding for Children remains convinced that permanent adoptive families can be found for children who are older or handicapped. This process consists of staff workers preparing children for adoption, recruiting and preparing adoptive applicants for parenting these children, and remaining available to provide services to families even after the placement.

THE PHILOSOPHY

Spaulding believes that a child without legal family ties needs the permanency that adoption can provide. Spaulding believes that homes can be found for most of these children. Investigation of family background does not reveal if families have parenting abilities. Therefore, the adoption porcess should not be based on a rigid formula of obtaining family information. Spaulding focuses on assisting a family to accept a child with very special needs into their home. Spaulding makes every effort to find families who are willing to make an investment in a child who has been filled with insecurity and confusion. Working together, the family and the worker will identify the contributions which the family can offer the older or handicapped child. The process moves at a pace which enables a family to understand, accept, and eventually parent a child often unfamiliar with a sound family environment.

SPAULDING YOUNGSTERS

Spaulding has placed children ranging in age from early infancy through 16 years. The children share a common history in that the agency having their legal custody has been unable to find an adoptive family for them. Many have drifted from foster home to foster home over a period of years, and will continue to drift unless a permanent family is found for them. Increasing numbers of agencies have referred their waiting youngsters to Spaulding and have learned that such children can find their way to permanent families. Our success has encouraged them to find adoptive families for their other waiting children. Thus increasingly older and more seriously handicapped children are referred to Spaulding each year.

Many of the children referred to Spaulding are permanent wards of the various county probate courts or wards of the state. In these cases, family ties have been severed by legal action due to parental neglect or abuse. However, some children are referred to Spaulding by voluntary agencies after being "released" or "surrendered" for adoptive planning. (These are often handicapped children for whom the referring agency has no available family.)

THE PROCESS

Once a child is referred to Spaulding for Children, the staff evaluates the child as fully as possible, assessing future functioning and possible problems the child may encounter. If there is no waiting family available, newspaper recruitment is used to locate potential families for this child and for similar children. Workers talk with each responding family. They help families evaluate their own parenting capabilities in relation to a specific child; they do not determine who should be "accepted" or "rejected."

After locating an appropriate family, the worker and family discuss at length the child's history and the potential rewards and problems in placement. At all times, families are encouraged to discuss doubts and fears openly. Mutual decisions to proceed, shared between worker and family, are made throughout the process. A series of showing and visits help prepare the child and family for a permanent move. Parents are also prepared for adoption by meeting other families who have adopted children with similar handicaps. These families often form solid ties and have proved to be of great help to each other after placement.

After the child is placed with the family, Spaulding offers continued help to the family, both individually and in groups. Many Spaulding families remain in close contact with their workers well beyond confirmation. Some families ask for the agency's help over the years as problems occur. Because most families become acquainted with more than one worker during the process, staff turn-over need not interrupt the tie between family and agency. In fact, the Spaulding staff works as a team in understanding families and children, in making all placement decisions, and in sharing responsibility for providing services to families.

Adopting families are charged no fees. However, the family is asked to pay Court filing costs of under $15. Those agencies referring children to Spaulding for placement are asked to defray a portion of the cost of placement if the child is adopted. Spaulding undertakes to raise the remaining portion of the placement cost through its own fund-raising activities (i.e., the Child-of-the-Month Club, Spaulding memberships, foundation grants, an annual holiday card sale, etc.). Spaulding exists because of the genuine concern and commitment of staff, Board, volunteers, service clubs, civic groups, and individuals who recognize the need for an agency serving only older and handicapped youngsters. The agency has a single purpose: to find permanent families for these waiting children.

PLACING CHILDREN

FINDING FAMILIES

Families who adopt older or handicapped youngsters are not some form of exotic faunae found in remote forests. They are all around us, camouflaged among the ordinary people quietly going about the business of living. A social worker interested in placing children generally described as "hard-to-place" (a term that more describes the services offered these children, rather than the specific characteristics of the children themselves), would begin by a reexamination of the intake policies of the adoption agency.

After several years of working with families adopting older or handicapped children, a few observations come quickly to mind. There are still many common misconceptions about adoption and the adoptable child which are widely "known" by the general community. This folk information is commonly based on rumored adoption practices of the past decades and personal responses to parent/child relationships. People persist in believing that orphans abound in the country, that babies are still left in baskets on doorsteps, and that social workers are fastidious, middle class ladies in sensible shoes always on the lookout for dustballs under the bed. Attempts to correct the image of the children available for adoption appear to fail at first. Invariably, citizens read newspaper items on the older children who do need families and still believe that "older" means a slightly aged infant.

The problem encountered when trying to educate the community is that most change comes slowly for human beings. Social workers attempting a real change in public perception must embark on a planned campaign to alter the climate of the community. It is this plan we call COMMUNITY EDUCATION. This is best accomplished by sharing ideas among informed people who can then decide on a carefully established plan involving mass media (radio, television, newspapers, and magazines), clubs, organizations, service groups, churches, bowling leagues, and anyone else interested enough to learn. The effort should focus on telling the story of the children who wait, not necessarily on recruiting families for these children-- that is yet a separate issue. If we are to change the folk information available to prospective families (and to the community at large which will after all one day welcome these children and their new families) we must expect it to be a gradual process.

Apart from community education, the agency having the responsibility for planning for older or handicapped children must determine that true permanency for the child is the goal of service. Through the years, many agencies have experimented with various forms of permanent foster homes for children. Most such plans result in guarantees for the foster family, but few guarantees for the child.

Permanency for the child who cannot be returned to his own family must be produced through the establishment of legal ties which are an acceptable substitute for those biological ties now lost to him. Adoption is the alternative which most consistently meets the requirements of the majority of waiting children. But adoption is not a realistic goal unless community education is underway and a total reexamination of the way in which the agency promotes inquiries and works with applicants is undertaken.

It is important that the agency image be an open and honest one and that the staff be friendly, enthusiastic social workers interested in children and eager and able to talk with all kinds of people about caring for children. Without that kind of atmosphere, success is impossible. But the public image must be affirmed by the private performance. The person answering the telephone must be warm and helpful. Letters must be promptly answered and the responses appropriate. Meetings must be comfortable and thoughtfully scheduled. Appointments must be at mutual convenience. The process must be streamlined, the paperwork minimized. Contacts between worker and family should result in more understanding of adoption, of experiences typical to families who have already adopted older or handicapped youngsters, of one another's assets and liabilities. Experienced adopters should be included in the process. They not only convey more believable information, they also can advise the applicant family about the services of the agency, the dependability of staff, the routine details the social worker may have forgotten or never learned.

Supportive services throughout the placement process and well beyond must be freely offered, the certainty of some problems of adjustment accepted. There should be a shared responsibility for the placement of a child. By eliminating as much as possible of the traditional "game-playing" of adoption (if they answer an appropriate question with an appropriate answer enough times in succession, they are rewarded with a child), we try to reach a position where mature people, having learned a great deal about themselves and the children available for adoption, make a decision to proceed into placement with the assistance of an agency they trust. Sweeping away our preconceived notions of a typical "acceptable" family is imperative. The new families coming to us should be old, young, and in-between. They should have comfortable incomes or be barely managing. They may have different levels of motivation; they may be well educated or semi-literate. Their only common trait must be the capacity to care for a child not born to them. Some will feel the impact of instant parental love. Some will remain the constant caretakers of a child needing care. Some will find adoption more than they dreamt it might be. Others will find it far less than they anticipated.

This method of working with applicant families, often called the "educative" approach to adoption (in opposition to the more traditional "investigative" approach), seems to be the logical choice for forming ties between family and agency and for permitting assistance and information to flow freely between the two for years to come. Families may well need the support and assistance we can offer. We certainly need the opinions and observations they have to offer. There is so much more we must learn about the new face of adoption.

EVALUATING CHILDREN

Children available for adoption, of whatever age and whichever characteristics, require families able to view them first as children and second as children of a particular developmental level and with individually distinguishing characteristics. The children who wait longest for adoptive placement are often youngsters categorized by adults who work with them as "difficult" or children who are traumatized by prolonged struggle with the thorny issues of parental rights and responsibilities. To move such a child to a permanent adoptive family requires much thought and sensitivity on the part of the child welfare staff if the child and the family are to have the greatest possibility of making a satisfactory adjustment to one another.

In order to find the best family for a child, the child must be known and a composite picture of his history and his current functioning has proven to be the most helpful tool. In exploring the child's true status, a variety of people are needed to provide essential information: the social worker or child care staff who know him best, the foster parents most familiar, the school teacher of longest duration, and the child himself. All of these individuals should be seen and their feelings and observations about the youngster carefully considered. (At the same time, the worker should be collecting information about how helpful these same people may be in helping the child move toward a new family. This is an especially crucial issue with the child's social worker and the foster parents or child care staff. During a move, these people will either be a help or a hinderance.)

In addition to personal contacts with people very important in the life of the child, it is important that the placement worker assess the child himself: to verify the impressions of others, to determine how much understanding the child has of his separation from biological family, to begin making a judgment about WHO will work with the youngster to the point of placement, WHEN he might be readied for placement, and WHAT KIND of family might be most comfortable for him.

The composite picture cannot be completed without careful scrutiny of all written records on the child and/or his family of origin. Workers must realize that records are notoriously sparse but also realize that they are the earliest (and perhaps your best) opportunity to construct the connection from past to future which will grow in importance as this child faces change and the deep need to know and understand what is happening to him. His history of moves from placement to placement (not just the dates, but the who and why of the move), the recorded or recalled information of staff who might have had contact with his family members, photographs if unearthed, descriptions, names, birthdates, can all be pieced together if the placement worker is persistent. In many respects it is like working on a vast and fascinating puzzle, but its completion will help you know this child and help immeasurably in making crucial judgments just ahead.

The placement worker can also be comforted by knowing that the material being collected will not be just discarded after placement of the child. This information will help the adoptive family understand the child's behavior in many instances. It will provide the newer family with greater insight into the old family and give them the material which, skillfully used, can assist the child with developing a more mature understanding of his own history as the years go on.

The composite picture, well drawn, includes the good as well as the bad, the attractive as well as the unattractive-- a full range of perspectives and possibilities, carefully identified. When a placement worker presents basic information on an available child to a prospective adoptive family, there should be a careful explanation of this range of perspectives and possibilities, rather than a categorical description that amounts to "this is the way he is." Given our still fairly primitive understanding of human personality and development, and our unquestionably poor powers of communication, categorical statements are extremely dangerous. The wise placement worker realizes that many children never perform in a new home the way they characteristically performed in the previous one. The damage done earlier in life to these children often precludes their responding to a newer, healthier family situation in the way we might hope. Love does not, and will not, cure all. A new family often simply provides different buttons to press. The placement worker who describes the past in factual terms and speculates about the future with realism gains in credibility.

THE MECHANICS OF PLACEMENT

The actual placement of a child into an adoptive family is an exciting experience-- for child, family, and worker. In the midst of such excitement it is often difficult to remember that serious pieces of business must be going on or the placement may well be just another move into deeper jeopardy for the child without parents. It is essential that the placement worker have the most comprehensive and accurate picture of the child's present functioning and be able to make some reasonable predictions of the child's future. Most adoptive families seek this kind of assurance of competency from the placement worker. To compose an accurate and comprehensive picture of a child, it is imperative that a placement worker have direct and personal contact with the child to be placed. (There are a few exceptions-- mostly involving international placements or placements occurring across vast geographic areas. Even here, however, the use of still photos, home movies, videotapes, tape recordings and thoughtful letters and telephone calls may prove indispensable in bridging that knowledge gap.) Aside from this personal contact, hopefully carried out in a setting designed to make the child as relaxed and normal as possible, it is equally imperative that the placement worker have access to people dealing with the child on a 24-hour basis. Contacts with foster families, school teachers, physicians, therapists, child care staff, and other persons in close personal contact with the youngster, must help develop that composite picture of current functioning that is necessary if the placement worker is to help the prospective family understand WHO the child is and HOW he became that person. A close working relationship with the foster care worker both enhances the placement worker's job and enables that foster care worker to share in the rewards of seeing the child achieve permanency.

Once the information is in hand, the placement worker makes a PRESENTATION to the prospective adoptive family. Although this can take the form of a fairly informal exploration of how the family might feel about a specific kind of child, it must always result in a carefully scheduled social worker/family interview with written records on the child and photographs recently taken. In all cases, the style of the presentation will depend upon the style of the family, the style of the placement worker, and the relationship between family and placement worker. The worker frequently gives the family copies of those parts of the record which would be most helpful in understanding the child. (This is done to provide a shared base for further discussion and to assure the family that they have access to all the information on the child they are considering.) The worker helps the family by sharing her past experiences with other adoptive placements and by cooperating with the family in seeking educational and medical resources the child will need. (A visit to a local special education classroom, for example, by the family considering a slow child; verification of the availability of medical treatment and funding programs by the family considering a physically handicapped child.) The worker also helps the family discuss their own experiences with people who have characteristics or handicaps similar to the child under consideration.

Many times, the worker who best knows the child and the worker who best knows the prospective family will team up to explore possibilities with the family. Even when dealing with a very open family group, it is often wise to not include the children of the family in this particular meeting. This will eliminate the possibility of the children feeling guilty about a decision not to continue consideration of a particular child.

Once the placement worker has a clear signal of the family's interest in a particular child, a SHOWING is arranged. Showings can be either "blind" or "known." In a blind showing, the prospective family is able to see the child, sometimes even talk with the child (in a suitably public or semi-public setting), but the child is not yet aware of the family's interest. Agencies often use this "blind showing" to avoid the possibility of the child committing himself to a particular family before they are ready to commit themselves to him or her. In a "known" showing the child and the prospective family are equally aware of each other and their mutual interest in adoption. The particular method employed by the placement worker may be related to the age of the child, the commitment exhibited by the prospective family, or any other factors which hold serious import in establishing new family ties. Such decisions should not be made by one single worker, nor should any fixed agency policy be followed in each and every case. Many children are left waiting for a family because of the limited vision of an individual social worker.

The prospective family should be given adequate time to consider their next step very carefully. The placement worker can best judge their initial response to the youngster by talking with them openly and freely soon after the showing. The decision to proceed to the next step is crucial because it involves preparing the child to meet them as prospective parents. A placement worker must also make a judgment as to how adequately the child has been prepared to meet a new family. Has the child's worker known the youngster long enough or well enough to help make the transition to a new family? Has the child received help in understanding and accepting his own separation from his original family (the biological family)? Has the foster family enough commitment to the child to help make the move to a new family a positive step in life? If the child's worker is unable to help with this phase of the placement activity, the placement worker should delay any further placement plans until this initial preparation is accomplished. The child's ability to become part of a new adoptive family will often be determined by the skill of the persons (foster parents and social workers) who help him understand his own history. The prospective adoptive family will continue the process of helping him understand and accept this past but they should not be expected to handle the total situation without the crucial beginnings made by other significant people in the child's life.

After the decision to continue is made, a MEETING is arranged. The social worker's role here is to assist all parties in feeling as comfortable as possible in meeting unknown people who may become the most important figures in each others' life. The youngster should be given understandable information about the family: photographs and anecdotes that best demonstrate what to expect. The timing of this information is important. Children measure time differently than adults. Several days become an interminable length of time. The meeting should be informal. Suggesting a family activity such as picnics, trips to a park or zoo, a few hours spent walking, playing and/or eating are often helpful. Family and child should be able to spend this time alone. If the social worker must participate (as with a very fearful, younger child), the worker's participation should be minimized and gradually eliminated altogether. The meeting is between parent and child, not between parent and social worker.

Following this meeting, the family and social worker should decide about proceeding further. While not expecting an absolute commitment at this point in the process, the worker should be alert to the seriousness of the family's intentions. There is a risk of damage to the child once the family indicates interest. What if the family later decides this is not the right child for them? What if the child cannot become part of this new family and makes that abundantly clear? But what if the child has no other possibilities for placement? The element of risk will always be present and it is the worker's responsibility to weigh that risk against the possible advantages to the child and family.

If the family and the social worker decide to continue, a series of visits must be planned. Depending upon the age of the child and his or her readiness to move to a new family, these visits may range from a few days in succession to several weekends in a series.

The worker who is alert to the questions and issues arising during these visits may make a successful placement possible during this period. Families are often too excited during the presentation and showing to make much sense out of the information provided by the placement worker. Children "honeymoon" during the initial visits and the reality of a normal behavior pattern may be long in emerging. It is wise to review the total situation between parent and child during these visits to correct information, explain behavior and help the family and the child move toward making a legal commitment to one another. The actual placement is the culmination of this entire process and comes only after the legal filing of the Adoption Petition, the gaining of the Consent and the Order of the judge. The placement also marks the beginning of the post-placement period-- the portion of the process considered by many placement workers to be the most crucial. However, what happens after placement is dependent upon what has gone before. The beginnings the child experienced, his growing awareness and understanding of his separation from the biological family, the sense of trust or lack of it he has developed, the skill of the worker who knew him best, the skill of the placement worker who helped join child and new family, must at all times be viewed as crucial to the future of the child.

Good placement work is a developed skill. A curious blend of warmth and feeling, judgment and sensitivity, make a good placement worker. Scholarship has little or nothing to do with it. Openness to the needs of the child, the situation of the family, has everything to do with it. Risk is always part of the job, but risk must be balanced by cautious, shared judgments. Pain is part of the job, because it is not possible to deal with the realities of a parentless child's history without pain. Over time, a good placement worker develops skill that can help a family make the crucial adjustments to one another. Hard and fast rules of procedure will not help. Understanding will help and so will a commitment to the most secure and permanent placement available to each child in turn.

* In some states, the legal process follows the actual placement of the child with the prospective family. However, Michigan law requires that the legal process precede the actual placement of the youngster.

POST PLACEMENT SERVICES

Just as adjustments follow honeymoons, they also follow adoptive placements. Families ill-prepared for adoption usually discover (to their dismay) that adjustments are required of both parents and child. The skilled worker who has developed a warm and open relationship with the family and taken the time to know the child and his history, is in the best possible position to be of assistance to the adoptive family.

Some families are open to services and communicate this clearly-- even almost eagerly. Here the worker's chief problem may be to keep their expectations within bounds. The worker can provide support, can help them analyze and sort problems, can suggest solutions or direct them to resources, but the worker cannot solve every problem or explain every situation. Some families are much less eager to signal the need for service. This may be because their relationship with the worker is more tentative, or because they are embarrassed at not having anticipated the need for such help, or simply because their style is such that they do not find it easy to ask for assistance. The experienced worker anticipates this and will try to prepare the family to receive any necessary help even before placement. This is accomplished by reminding the family that this will be a unique situation just as each child is unique. Families tell us that placement workers tend to be the most interested and faithful listeners. Neighbors grow weary of parent/child stories and friends expect one to listen to their parent/child stories too. The social worker's interest is constant and reliable.

It is usually helpful to remain in close contact with a new adoptive family. This does not mean constant home calls. It may well mean telephone calls or even an occasional written note. Repeated contacts signal the family that the worker is interested and available. (The worker should take care that the calls or contacts are equally as assuring in nature as they are inquiring.) These contacts help the worker make a judgment as to how much help the family may need and want. It is often helpful to schedule a home contact within a few weeks after initial placement to review the presentation material again in the light of the parents' current experience with the youngster. Many parents remember little or nothing of the presentation material because of their excitement at learning of the availability of a particular child. It is only after living with that child for a while that some parts of the placement worker's information takes on shape and meaning.

Typically, new adoptive families may need assistance in enrolling a school-age child in the new school, or in gaining admission to a special classroom situation. They may need help in choosing a doctor or dentist for their new child, in applying for medical insurance or benefits, in getting information about parents' groups, or in joining organizations established to help parents of similar children. New adoptive parents may need to again review the information they will provide family and friends about their child and his history. They will also need to be prepared to help their youngster grow in his own understanding of separation and adoption.

Some agencies offer parents a variety of services in groups. Adoptive parents can often better help other adopters more than any social worker. If the worker can offer some broad predictions of when a family might wish assistance, it often makes it much easier for families to ask for help. We know, for example, that children entering school for the first time are often questioned by other children as to their family and origins. Many adopted children need special help and attention to reassure them of their status. Adolescence can be an unsettled time for any child, and adopted youngsters prove no exception. The effort of achieving adulthood can produce natural probings into who-am-I and how-is-it-that-I-am-often-at-odds-with-those-who-should-be-closest-to-me. The time of marriage and parenthood are highly significant to an adopted person and their family may well wish for some special help during those times. Typically, agencies and families have long severed their relationships by these times. But it seems more desirable to establish a strong and early relationship which will permit and even encourage contacts during these significant times.

The placement worker who has encouraged the family to establish an open and honest relationship must be emotionally prepared for the stress and strain which accompanies the family encountering difficulties. Worker panic is typical, but the realization that all families, including adoptive families, have crises, as well as the realization that stress and strain is an experience common to most workers dealing with the normal ambivalence of families, will make the situation more tolerable.

Most of the placement worker's efforts are seemingly geared to helping families (which, beyond placement, include parents and child) sort out the "adoption problems" from the "child problems." But that can be a difficult task when crisis seems everywhere at hand. The worker's ability to provide genuine confidence in the family's ability to meet the crisis and overcome it is crucial. Also crucial is the talent for listening carefully, gaining a balanced perspective, then helping the family sort through the difficulties, assign priorities, and undertake a suitable solution.

ADOPTION DISRUPTIONS

To workers committed to bringing children and parents together, a "broken" or disrupted adoption can be a demoralizing, even a depressing experience. One fact is clear. When placing older and handicapped children, the rate of disruption increases dramatically. When infants are placed for adoption, disruption usually occurs because parents fail to adjust. When older and handicapped children are involved, disruption occurs not only because parents fail to adjust, but because the child and the family fail to make crucial adjustments to the seriously damaging experiences the child brings with him into the placement. At Spaulding, our disruption rate going back six years stands at about 10 percent. Of those youngsters, all except two were placed with another family. (One teenager learned that he did not want adoption; one younger boy finally convinced all parties that he could not manage close family relationships.) Most of our children who experienced a disruption were moved to a second adoptive home directly from the first adoptive home. Adoption is like marriage: some thrive, some survive, some break up. We must prepare ourselves to accept certain risks if a maximum number of waiting children are to have the opportunity of permanent placement with a family of their own.

Knowing the child before placement through a composite evaluation would help minimize disruptions. So would the early establishment of an open and honest relationship with the adoptive family. This would permit the family and worker to concentrate on problem areas together. But despite those best efforts, some adoptions will not work out and the stress may become so severe that termination of the placement is in order. How to handle that situation? What will become of the child? What will become of the family? What can the worker do to alleviate the guilt and depression that accompanies such a decision? How can the worker survive the experience?

The attitude of the worker is crucial. A positive attitude that the situation does not mean failure for all concerned is imperative. Disruption should not come as a surprise to any worker who has been involved in regular post-placement services. It is most often the final action which follows a series of differences or problems. In adoption the worker must be able to help the family understand the normal ambivalence they feel toward almost any child, to point out the absence of the earliest possible emotional relationship, to highlight the potential frustrations of living closely with a child damaged by the necessity of separation from his biological family. But even beyond that, the worker must be able to understand that some families will learn that they cannot live with a given child, or that a particular youngster may not be able to make the kind of relationship demanded by a particular family, or that mis-judgments of the child's functioning or of the family's abilities make continuation of the placement impossible. If disruption can become yet another step in the process of resolving the future of the child, then all concerned can look at the experience differently. The worker can gain a more accurate understanding of the child. The family can come to grips with those areas where they can help a child move toward a family relationship and those areas where they cannot. The child can deal with his pain if he has the support of worker and family and the assurance that he too can learn from this experience and work toward another family placement.

Many workers panic at the appearance of any problem in an adoption. Still more workers panic at the mention of disrupting an adoption. Yet many disruptions are actually in the best interest of the child and family. It is hard for the worker to accept that in view of the difficult work ahead. The worker's task is to help the family and child understand clearly and honestly why disruption is the best plan available. The anger, guilt, and frustration must surface. But the worker's ability to provide the calm assurance that the final result of the decision will be more satisfactory for all parties is a key element.

The worker must be prepared to help both child and family continue having positive feelings about themselves. The necessity to disrupt the placement usually becomes clear by reviewing the history of the placement with the family and/or child. Understanding the necessity of disruption is important. So is sharing the responsibility of the decision. (It is a logical and mutual conclusion, not an exercise in blame assignment.) The family will usually need the worker's help in explaining their feelings to the youngster. The youngster often needs similar help from the worker. All parties will need opportunity to sift the decision more than once. The situation must be handled with great sympathy for the child's position, but faith in a better relationship ahead. For many children, return to a former foster home simply signals failure and embarrassment. (It may also signal the worker's lack of confidence in him as a child wanted by another adoptive family. In some agencies, it may also mean submerging him into a system of benign neglect where we give him "time to heal" that lasts forever.)

The worker's role with the family should continue through and beyond the actual moving of the child. They will need support in their decision and opportunities to learn how to handle this situation with other children in the family, with relatives, friends, and neighbors. They will also need help in determining if another adoption is practical or possible. (Two of our families who experienced disruption later adopted another child from us. Both placements have been very successful.)

It is our conviction that social workers can only survive disruptions if they understand them as a normal part of the placement experience. We moved to a "team concept" of supervision four years ago and discovered that since placement decisions were always and only made by the team, disruptions no longer had such profound, depressive impact on the individual worker. The fact that the team concept also provided a device for the individual worker to ask for and receive the assistance of a team member in evaluating a puzzling child or preparing a particular family has permitted us to view the disruption experience with a clear conscience. We have done what we can to reduce the possibility of worker error or family misperception. We still work on helping families explore their own capacities before placement, but we know that to demand iron clad guarantees is impossible. To find families for the many children who wait, we must assume recognizable risks and learn by daring.

SOME PARTICULAR CHILDREN

Marty

Marty was almost five when he was referred to Spaulding for placement. An unusually handsome little boy, he had been called "a confusing charmer" by his worker. He had Cerebral Palsy which has substantially weakened the left side of his body and the muscles in his throat and mouth. (Cerebral Palsy results from damage to the brain or nervous system before, during, or after birth.) Marty seemed healthy at birth and was released for adoption by his mother at three weeks of age. At five months his adoptive family began to notice that he fell to the left when propped in a sitting position. By a year, he had just learned to sit unsupported, pull himself up and crawl. He used only the right hand in reaching for things. His parents became alarmed and began taking him to a series of doctors. They received a diagnosis of Cerebral Palsy and some degree of retardation. Though the family had become very attached to Marty, they felt they could not deal with these handicaps and made the decision not to finalize the adoption. Marty then became a ward of the state.

By the time Marty was referred to Spaulding, over three years later, he was in his seventh home. His rate of development had varied from year to year according to the amount of stimulation and exercise he received from each foster family. By age four, he had made great physical gains. Although he wore a brace on his left leg at night, he was an active child who walked, ran, climbed stairs and rode bicycles. Marty's left hand remained closed and very weak. By this time, his physical problems seemed less handicapping than his slowness in social and academic areas. Marty had almost no recognizable speech, drooled almost constantly and had many difficulties chewing and swallowing food. He functioned more like a two year old than a four year old. He was given psychological tests several times. Results ranged from "serious mental retardation accompanied by an emotional component" to "this child is not seriously retarded and may be reasonably intelligent." Marty had several convulsions in his early years and an abnormal E.E.G. indicative of brain damage and possible seizure disorder. At times he was unruly and very hyperactive, while at other times he seemed calm and happy. He was a very loving child who had much to give to a family who could encourage him and yet live with the uncertainities of his future.

Our first task was to gather as much information as possible on Marty. The Spaulding worker assigned to evaluate him went to the University of Michigan Medical Library to learn about Cerebral Palsy. She then arranged to visit the child's agency and read his file. (When we read a child's file we check the legal documentation, verify birthdates, legal names, and the phraseology of Court Orders to rule out mistakes and discrepancies. We also carefully read the medical portion of the files since it is our responsibility to discuss any medical conditions with an adoptive family and we need to have as complete a picture as possible. We check to see if all follow-up work requested by the doctors has been done. We also frequently give the child's worker a list of specific questions to ask the child's doctor.) Marty's file was quite complete and contained several detailed reports from medical specialists. It was clear that no one could predict Marty's ability to learn or to develop speech. He had been seen recently by a psychologist and was scheduled for another E.E.G. His immunizations and dental care were up to date. Our only request was another physical examination shortly before placement, to comply with our state statute.

Before talking to the foster family, we also read Marty's history for any clues of behavior patterns to anticipate in an adoptive home, situations which might be best for him, what he could give to a family, and what kinds of strengths a family would need to parent him. Armed with notes about particular areas to discuss, the Spaulding worker and Marty's worker together went to talk with the foster mother. The foster mother, prepared for their coming, seemed eager to express her own concerns and observations about Marty and the kind of family which would be best. She also seemed reassured to see the care we were taking in learning as much as possible about Marty before deciding on a family. (One of the most important and sensitive steps in the adoption process is to help the foster parents deal with their own ambivalence and concerns in coming to see this move as good for the child. If a child moves into an adoptive home with the support and approval of his foster parents, he is likely to adjust to the new family with much more ease.)

For over an hour, we asked specific questions about Marty's habits, preferences, schedule, personality traits, etc. As always, we were especially interested in how he related to various members of the family and to others. Did he show a preference for older or younger children? For men or women? What methods of discipline worked best with him? Did he like to be cuddled and by whom? Answers to these questions would help us put together a picture of the kind of family in which Marty could best function. The Spaulding worker then played and talked with Marty, finally taking several Polaroid pictures. This allowed her to observe Marty and get some intuitive feelings about him. (It is much easier and more convincing for us to talk to a potential family about a child we have met and responded to positively. If we do not respond positively to the child, as happens at some point with every worker, we might ask another Spaulding worker to meet the child and help out with recruitment efforts or transfer the child to another worker altogether. This was not necessary with Marty for he was a very appealing child and we felt that he was a loving child who could give a family many emotional rewards.) Ideally, we would try to locate a family which did not have children close in age to him. He needed a great deal of contact with children but also much individual attention and a non-competitive situation. Although we did not feel he was severely retarded, we would have to find a family who felt they could continue to accept him if he proved to be retarded. Our predominant impression was that he needed a non-pressuring family who could be content with small gains and provide a great deal of emotional warmth and support.

We had one such family waiting for a boy. They had three daughters, ages two through eleven. They seemed unusually relaxed and without rigid expectations for children. We told them everything we knew about Marty except the names and addresses of his various families. They were very interested in our information and a packet of materials furnished by the Cerebral Palsy Association. After reading this, they asked several questions about his handicaps which indicated they were doing a great deal of realistic thinking and talking. When their questions were answered they were very interested and wanted to meet Marty. We arranged for Marty to come visit his worker's office. We had not yet told him of adoption plans as we wanted to wait until we knew we had a family for him. Marty had not been in his present foster family long, and we felt he would be more confused than helped by talk of a move. We would explain what would happen a week or two before he would be visiting the family.

After seeing Marty, the couple seemed impressed with him and felt they had done as much thinking and deciding as possible without spending more time with him. We arranged a weekend visit in their home (across the state from his foster home) to give them more time together and to introduce him to the girls. He was prepared for a visit to the family but not told of any adoption plans. However, he may well have suspected that this was going to be his next family. After one visit, the family came to a painful decision that Marty needed far more individual attention than they could reasonably give. After discussing the weekend with them, we supported this decision. (Two months later, the family adopted a ten year old boy with minor emotional problems and have been excellent parents for this child.) Although the damage to Marty could not be gauged, we felt it was to everyones' benefit that this family had been able to be honest with themselves and with us.

Because we had no other potential families, we decided to seek a family for Marty through the newspaper. We had contact with a reporter from a medium-sized city in Michigan who was doing adoption publicity. After checking educational and medical facilities for handicapped children in that area, we discovered the facilities were available and excellent. The newspaper arranged and paid for Marty's photograph to be taken by a local photographer. The reporter then interviewed both the Spaulding worker and Marty's child care worker. (In obtaining publicity, we are careful to be honest and specific in presenting the child's problems. In these articles, we do not use the word "retarded" because of its frightening implications to most people. We do however describe the child's level of functioning, his slowness to learn and his possible degree of dependence, if any, as an adult.) The article emphasized Marty's slow development in all areas but presented his slowness as more related to physical and emotional causes than to limited intelligence. We received eleven responses. Six of those families ended up adopting handicapped children through Spaulding. (Such a high percentage of families completing the process is very unusual, but may have occurred because this area of the state had barely been tapped as a resource for handicapped children. Our mentioning the fact that we charged no fee and were not looking for perfect parents with high incomes may also have encouraged people to call who might otherwise have believed they would never be allowed to adopt.)

One family who called about Marty had applied to Spaulding within the month and were in the earliest stages of the process. Their married daughter had read a newspaper article about the agency and suggested that they apply. This couple, Donald and Mary, were in their forties, had two married children and one daughter in high school. They had previously applied to a private adoption agency but were told they would not be eligible because Donald was paralyzed from the neck down as a result of Multiple Sclerosis. He had a very adequate income from Social Security and the Veteran's Administration. (Because his illness was diagnosed shortly after leaving the service, he received a 100 percent disability payment.) They were experienced parents who enjoyed being parents and missed having young children at home. They also had contact with children in institutions and knew how damaging numerous moves could be for a child. They were interested in adopting children with major physical or mental handicaps because of their familiarity with handicaps and their realistic appraisal of a handicapped child's opportunities for adoption. Between their fear of being turned down, their non-verbalness and the worker's discomfort in talking about Donald's condition, the first interview was difficult for everyone. By the second interview when all parties had relaxed, the worker began to see them as a good family for a handicapped child such as Marty. They seemed accepting of children and committed to adoption. Their marriage was solid. Their teenage daughter was quite mature, close to her parents, and very interested in having younger brothers and sisters. An older brother and sister indicated willingness to rear the child should their parents die or become incapacitated. We began to assure the family that we felt the adoption of the kind of children of interest to them could be appropriately handled by our agency and that we would be willing, upon finding such a child, to take their case to the judge. We could not guarantee he would agree to placement, but as long as we felt as good about the parents as we did, we were prepared to argue with the judge if necessary. In the meantime, we talked to Donald's doctors and gathered enough information on Multiple Sclerosis to educate ourselves and the judge.

Donald and Mary attended a group meeting for adoptive couples and met another Spaulding worker who agreed that they could be good adoptive parents. We decided to talk with them about Marty. We were beginning to interview the families who responded to the publicity, but knew it would be several weeks before we could know them well enough to make a decision. Since this family would be ready sooner and seemed so appropriate we would let them decide whether they might be interested. They were familiar with handicaps and not likely to be overwhelmed by Marty's multiple problems. (There were no other young children in the family, but grandchildren and neighbors could provide contacts with other children. Above all, they seemed mature, nurturing, and accepting. The decision was made in terms of Marty's best interests, not a priority afforded the families responding to the newspaper publicity.) As soon as we told Donald and Mary of his availability, they began thinking of him as their son. The worker went through Marty's file with them, filling them in on the many pages of Marty's history. Although most people who knew Marty well felt he was not retarded, we told Donald and Mary that they needed to feel they could parent a retarded child. Again, they seemed sure they could. We discussed other problems such as Marty's frequent unruliness and his lack of speech. We also talked about the many positives that Marty had to offer, but agreed that it would be better to be as well prepared as possible to deal with Marty's handicaps. We then sent a copy of the adoption study to the agency having custody of the child. They seemed willing to trust our judgment and indicated they were willing to proceed with a showing.

The couple and their daughter met Marty in his foster home for a "blind" showing (where the child is not aware of the couple's possible interest in placement). The meeting between the adoptive parents and the foster mother went reasonably well. After a half hour, the adoptive family, Marty, his worker and the Spaulding worker went to the local airport. Marty was somewhat hyperactive but seemed comfortable with the family. When the afternoon was over, he asked to ride back to the foster home in Donald and Mary's car. When they invited him to spend a weekend with them, he seemed interested. His worker spent a week preparing him for the visit, indicating that the people liked him and wanted to get to know him better. The following weekend they returned, spent some time with him in the foster home and then brought him to their home, which was across the state. Marty was tense and very hyperactive. The family began to see how difficult the adjustment was going to be for Marty and for them, but never waivered in their decision. Because he had so little speech, they also had to learn his ways of communicating. That weekend, they began talking to Marty about adopting him. For the next two weeks, his worker and his foster mother also talked to him a great deal about his new Mom and Dad. He had a scrapbook of pictures of the new family, their home, and their pets. He seemed understandably ambivalent at the idea of moving and increasingly clung to his foster parents.

During this period, we had filed our documentation in court and were waiting for the judge to approve the placement. He did so with very little hesitation. During the next visit of five days, Marty settled down considerably. Because of the distance between the foster home and the adoptive home, and to keep from confusing Marty, we decided to have him make the final move within a few days of the five day visit. On the day of the move, his worker picked him up and brought him to the agency office where his new family met them and took him home. Though he seemed tense and excited, he was glad to see his new family and eagerly went with them.

Donald and Mary have needed relatively little post-placement service with Marty. During the first six months, Marty became frightened when a worker visited the home but he soon began to learn that he would not be taken away again. From the beginning, the family has felt very close to him and proud of him. They are strict parents and have not had discipline problems at home, although some teachers and babysitters have been frustrated by his hyperactivity. Although his parents have never viewed him as retarded, nor have his teachers, Marty attends classes in a school for the orthopedically handicapped. Unfortunately, his lack of speech has been found to be related to poor muscle control in his mouth and throat. Therefore, Marty will continue to have major speech problems. This is, undoubtedly, his biggest handicap. He now uses his left had far more than previously. He has been with his adoptive family for nearly four years now, and seems to be a happy and relaxed child.

Jean and Kathy

In January 1971, Spaulding received a referral on two sisters. The referral was a challenge because of the age of the girls and the diagnosed retardation of the eldest. In addition, there had been sporadic long-term involvement with their biological siblings. Jean, age 14, and Kathy, age 15, had lived in many homes since being removed from parental custody because of neglect at ages four and five. An older biological sister, who was married and had provided a home for the girls for a short time, was particularly interested in keeping the family together. She arranged family gatherings at Christmas and provided transportation. Although Jean and Kathy did not seem overly dependent on these ties, they did enjoy them and saw family members about once a month while in foster care.

Prior to the official referral in January, the girls' child care worker had called us in October to see if we felt we could place the girls with an adoptive family under these conditions. Previous child care workers had talked to the girls about adoption but had accepted their answer that they wanted to stay in their present foster home (where they had been for less than a year) and retain family contacts. However, the foster family was not interested in permanent foster care. Because the girls would have to move eventually, their worker preferred a move to permanency. After the initial Spaulding contact, the Spaulding worker talked to the foster mother and the girls about adoption. The foster mother seemed supportive of such a plan. The girls were not opposed and seemed rather interested. It was reassuring to them to know they would have several visits and could not be adopted without their written consent. (Under Michigan statute, any child ten years or more must give written consent to their adoption.) At about the time of the official referral to Spaulding, the girls' worker visited their brothers and sisters, explaining the adoption plan. Surprisingly, they were not resistant to this, but felt it would assure their sisters a home and permanency for at least the next few years.

Jean, age 14, was a bright girl who was surprisingly happy and well adjusted for the amount of separation she had experienced. The girl was well liked by children and adults and able to stick up for herself. Kathy, age 15, was a slow learner who had failed in regular classes and was now making outstanding academic progress in a special education class. She consistently achieved a score in a mid-70 range of I.Q. tests, but more importantly, she functioned as an over-achiever with a strong desire to please. She was reasonably skilled in verbal and social skills and was always described as a well behaved, nice girl.

To learn more, two Spaulding workers went to the school to interview the girls' teachers. (Two Spaulding workers were assigned in this case because one was fairly new to staff and not yet experienced in how to evaluate children. With help from the other teammates however, she was to be responsible for recruiting a family and placing the girls.) They asked the teachers about the girls' academic progress, their ability to relate to peers and adults inside and outside the classroom, their work habits, etc.

As always, it was important to directly ask and then assess whether or not the teacher liked the child and saw the child as happy. All teachers emphasized how well both girls got along with people and how cooperative and rewarding both girls were to work with. Both seemed to be functioning at a level the teachers felt was consistent with their potential.

The workers met Jean and Kathy for an hour and a half at the foster home. First they talked with the foster mother about the girls' home adjustment, their likes, dislikes, and personality traits. Afterwards, the workers encouraged the girls to talk about any concerns or questions they might have. It was clear that the girls wanted to be placed together and be assured of freedom in contacting brothers and sisters. The Spaulding worker who was to find a family for them made arrangements to return, take them out, and to get to know them better. She was very impressed with the girls and saw them as very normal teenagers. In discussing the girls later at a staff meeting, we disagreed as to how many adjustment problems the girls would have in placement. Some of us who were then dealing with some very complicated teenage placements felt it was dangerous to assume that because the girls appeared so well adjusted and "normal" that they would continue this pattern in a new home. Although we remained somewhat stalemated, we served as checks and balances for each other in preparing the family and the girls for what was to come. Later, we found that the nature and frequency of problems in this placement varied dramatically from time to time.

Spaulding had recently been approached by a family interested in adopting a family group. They had been married 14 years, were childless, and wanted children very much. They had been members of the Council on Adoptable Children (an organization of adoptive and potential adoptive parents) for several months before approaching an agency. Although they had a beautiful home and more income than many of our families, they enjoyed simple family activities. Both had some experience with children and knew that adopting older children was going to be difficult. They realized they would have much more limited freedom and privacy once they adopted, yet they felt the pleasures would outweigh the frustrations.

In talking with families, we spend minimal time discussing family and marital history. Instead, we focus on talking about children, both those with whom the family is familiar and those whom Spaulding has placed. We emphasize early that our job together is not to get them approved or rejected as adoptive parents, but to decide what kinds of handicaps, problems, and personalities they can best deal with and what kinds of rewards they will need from children. The worker and the couple, Jack and Louise, came to the conclusion that they would probably not be terribly threatened in helping their adopted children deal with past memories or relationships. However, they thought they would have difficulty in dealing with a very rejecting or rebellious child. Increasingly, the worker became convinced that this was the family for Jean and Kathy. Interestingly, there was the same difference of opinion between the parents as among our staff. Jack seemed less certain that the girls would function as problem-free as they had to date. Louise was more easily convinced they would. Observing them discuss this difference convinced us that they were able to deal with problems and disagreements openly and directly. This would be important in living with teenagers.

We arranged for the parents to meet Jean and Kathy in a restaurant. Two days later, the parents decided to adopt the girls and begin visits. The Spaulding worker went to talk to the girls who were very excited and asked many questions. That weekend, she took the girls to Jack and Louise's home for a visit. This visit went extremely well and the girls decided they wanted to be adopted. This was the first of many weekend visits during the six weeks prior to legal placement. Transportation was shared by the adoptive family and both agencies. Eventually, the girls began taking the bus back and forth. The Spaulding worker remained in close contact with the girls and the family to help work out problems. Both girls remained enthused about the placement, even when they realized the family was going to set somewhat tighter controls on their activities than they desired. Though the girls were not yet asking to contact brothers and sisters, we established a procedure for contact when they were ready to do so.

During the first ten months of the adoptive placement, this family had fairly routine adjustment and parent/teen problems to solve. Because the girls had always lived with relatives or called their foster parents "aunt" and "uncle" they were surprised at the closeness and the expectation that "we are all responsible for each other." Though they both ultimately came to see this as an expression of caring, Jean especially had some difficulty giving up some of her accustomed freedom and independence. Kathy, a more conforming person, adjusted fairly easily and blossomed under the structure, encouragement, and time spent with her. As her worker said, "every day she gains more sparkle in her personality and more confidence in her own capabilities." Jean's mood swings and periodic dissatisfaction were normal for her age and were treated as such by her parents. They liked her energy and imagination even though it kept them on their toes.

Within two months of confirmation of the adoption, Jean quite unexpectedly decided she did not want to be adopted and that she wanted to leave. Ignoring the agreed way to make contact with her siblings, she left home, called her sister and got her involved in an elaborate struggle concerning parental controls. Our attempt to arbitrate differences between Jean and her adoptive parents came to naught since Jean was not interested in finding a solution and her parents, threatened by this rejection, became more rigid. Jean succeeded in manipulating everyone by saying we had promised she could still decide whether or not she wanted to be adopted by this family and now she did not. Finally, after observing that we had an epidemic of teenagers saying the same thing and creating the same crisis, we began to realize that by giving an adopted teenager the option to leave the family whenever he or she was unhappy, we were doing both the child and the family a great disservice. We began to realize that an adopted child, like any child, needs to test his or her power and limits but be assured that he will not be allowed to go too far. Therefore, we told Jean that she had given her written consent to the adoption and as long as her parents wished to remain her parents, we would not move her to another home. Yet, we all knew that we would not request confirmation of the adoption until she wanted it. Kathy, alarmed by all the talk of leaving, asked for her adoption to be confirmed on time. Although this left the parents with some fear that Jean could still reject them, it meant that the family unit was intact at least for the time being. Jean seemed satisfied with the solution and calmed down tremendously. The family went back to solving other problems and learning to live with Jean's ambivalence. The strength of relationships in this family continued to grow and no problems arose which they could not handle. As the end of the second year of placement neared, the parents signaled the worker that Jean was ready to talk about confirmation. Jean later told the worker she had decided some six months earlier and had just been waiting for someone to ask. The girls, now in their late teens, continue to do very well in this family.

COMMON HANDICAPS AND THEIR IMPLICATIONS

COMMON HANDICAPS AND THEIR IMPLICATIONS

The following is a discussion of common handicapping conditions. The consideration of age has not been included, though it is an important factor in evaluating a child for placement. While younger children are normally easier to place and to integrate into a family, it can be very difficult to predict the future of a physically or mentally handicapped infant or toddler. Therefore, it is sometimes easier to find and prepare adoptive parents for an older and handicapped child than for a very young child.

It is very evident that any worker seeking placement for a child who has a permanent handicap must become a "mini expert" with regard to the implications for child's and family's future. We have found that it is extremely important to be able to respond to the child's positives, going past the handicap and future limitations. Without a doubt physical appeal or attractiveness is very relevant to placeability.

We have learned that those handicaps which are visible (i.e. Cerebral Palsy, blindness, cleft palate, etc.) tend to be more easily understood. It is such less visible handicaps as diabetes, epilepsy, emotional disturbance, and retardation, etc., that seem to be more problematic primarily because families seem to feel they can make these conditions "go away" if they cannot be seen. The following is a brief summation of common handicaps, future implications, and a list of written material available which may be helpful to workers and parents.

1. Blindness

It seems that blindness should be self-explanatory, but there are a couple of issues to be considered. What is described as legal blindness may be very different than what is generally thought. A child may have peripheral vision (sides only), cone vision (just straight ahead), vision in one or the other eye, no night vision, etc. All have different implications for education and normal living. It is important to know that a child with even minimal vision is not as handicapped as a child with no vision.

The Association for the Blind has written information.

2. Cerebral Palsy

Cerebral Palsy is a catchall term which refers to a group of conditions resulting from brain damage (the most apparent is an inability to coordinate or control muscles). Other results may include convulsive disorders, limited general intelligence, problems in ability to think and express thoughts, and speech, hearing, and visual problems. A child with Cerebral Palsy has loss of muscle control in one or more parts of his body. Cerebral Palsy is not hereditary, but results from damage done before, during, or shortly after birth and is often attributed to lack of oxygen to the brain. It is a permanent disability and cannot be cured. It is not a deteriorating condition if muscular activity and prescribed therapy are consistently used.

It is extremely difficult to describe the problems in evaluating a child with Cerebral Palsy because more than any other handicap it is very individualized. A crucial part of predicting the future of such an individual is in terms of his own motivation. Adding to that are the opportunities within the community for education and occupational therapy. Most children with serious limb involvement attend orthopedic schools (part of the public system) and go to Occupational Therapy and Physical Therapy as part of the curriculum.

United Cerebral Palsy Association "Cerebral Palsy" 25¢
66 East 34th Street
New York, New York 10016

Your local chapter of the March of Dimes organization will provide written materials and reference persons.

3. Cleft Palate

An individual with a Cleft Palate may have a slight disability or one which interferes permanently with functioning. A Cleft Palate results from a failure to close off the palatal processes of the upper jaw. In its mildest form, it can mean weak muscles in the back of the throat affecting speech. The more serious forms range from a "hair lip" (a split in the lip) to an open hole in the roof of the mouth, involving teeth, lip, nose, etc. The cause of Cleft Palate is unknown, but it is suspected to run in families.

Treatment for Cleft Palate is long and drawn out, and generally deals primarily with the cosmetic problems. The lip or other soft tissue is corrected in the first year of life. The palate, if repairable, is treated by the fifth year, otherwise an obturator (plastic palate-like denture) is used. Generally, long term speech therapy is required. Often, as an individual matures, more plastic surgery is needed to better define nose and lip.

The primary difficulties in dealing with a child with a serious Cleft Palate are in relation to emotional problems regarding acceptance by peers. These difficulties do not usually start until school begins. Communication may remain a problem throughout adulthood.

Little written material is available in public libraries. One needs to rely on information from oral or plastic surgeons and speech pathologists.

4. Deafness

Deafness is one of the most often overlooked handicaps primarily because of the lack of visibility. It is important to know that emotional difficulties are often connected with deafness, more so than other handicaps. Often deaf children are mistaken for retarded children because of their responses to the world.

The degrees and causes of deafness are too detailed to list here, but many are treatable. There is usually an ability for verbal language.

Public and private educational facilities are available. It is important that education start at pre-school level.

Association for the Deaf has much information.

5. Diabetes (Juvenile)

Although diabetes mellitus is a relatively common disease, the implications make it a fairly severe handicap in evaluating a child for adoptive placement. The disease itself means a variety of problems, most commonly known is the inability of the body to tolerate sugar. When the onset of this disease occurs before age 12, it dramatically complicates the physical problems. Controlling diet, insulin, and exercise is crucial. The emotional difficulties which accompany the need for close supervision often increase the problems. The 6th and the 12th years are peak periods for emotional as well as physical problems because of the start of school and the onset of adolescence. In spite of the fact that most people consider diabetes to be a controlled disease, one must realize the long term implications of monitoring the child and structuring daily routine around his needs.

Of particular help to children with diabetes is the growing use of small group therapy (talking out feelings, etc.) and camps designed especially for diabetes. Close contact with and trust in the physician is imperative. In areas where available, children should be seen by a specialist in diabetes.

The Diabetic Association in any large city can provide additional written material and may even be able to provide contact with the family of a diabetic child. The Juvenile Diabetes Foundation provides a source of information and support for parents of diabetic children.

6. Mental Retardation

An individual is labeled mentally retarded if he performs on a psychological test below 75 I.Q. points. However, different tests measure different aspects of learning and none of the tests are "culture free." Mild retardation is equated with an I.Q. of 50 to 75, and indicates that the individual is "educable." Most children in this group can reach a third to fifth grade level of academic achievement, and should be independent in activities of daily living. Generally, those with an I.Q. greater than 65 and without severe emotional problems can be expected to achieve an independent existence as an adult. They should be able to work as unskilled or semi-skilled laborers, and assume family responsibilities. Moderate retardation implies I.Q. scores between 25 and 50 and the individual will have few significant academic achievements but will be "trainable" and can go to school primarily for training in self-care activities. The trainable individual may learn to read and write at a first grade level. Vocational placement is usually limited to employment in a sheltered workshop and supervision during adulthood is necessary.

When evaluating a retarded child for placement one must be very careful to attempt to evaluate how much environmental experience influences functioning. Children with even mild emotional problems can also function in the mildly retarded range. Imperative to accurate evaluation of any retarded child is a good physical and a good psychological examination using a variety of test devices. For a worker who is unfamiliar with retarded children of varying degrees it may be helpful to visit a school setting where "educable" and "trainable" children are taught.

Most public libraries have a large selection of books dealing with mental retardation.

7. Perceptual Handicaps or Brain-injured children

An individual is labeled brain-injured when his ability to perceive the world around him, to think about it, and to respond to it in effective ways, is damaged. Usually there are no visible signs of this problem. The injury may have occurred before, during, or after birth, can produce a wide variety of learning disabilities, and can include motor centers of the brain and central nervous system. (When it interferes with motor function it is described as Cerebral Palsy.)

Generally, a brain-injured child's behavior may include hyperactivity (which may be helped with medication), inconsistent learning patterns, distractability, and inability to make use of standard teaching techniques. Often the child will be of normal or near normal intelligence.

Unfortunately, the problems of the brain-damaged child may be so varied that it is difficult to pinpoint the problem and to provide an environment which is optimal for learning.

Physicians, psychiatrists, and psychologists are just beginning to deal with the causes, and schools are just beginning to plan for dealing with the effects. Often for parents the most difficult problem to handle is the child's difficulty in dealing with family and peers because of the erratic behavior.

National Easter Seal Foundation 2023 West Ogden Avenue Chicago, Illinois 60612	"The Brain Injured Child" 25¢ (pamphlet)
Health Information Services U.S. Government Printing Office Washington, D. C. 20402	"Learning Disabilities due to Brain Dysfunction" No. 1646 20¢ (pamphlet)

Raising a Hyperactive Child by Mark A. Stewart, M.D. Harper and Row (book)

8. Spina Bifida

Spina Bifida is a birth defect which involves the nervous system. It occurs when the vertebra bony units which cover and protect the spinal cord fails to develop fully and the spinal cord fails to form into a tube and send out enough nerve fibers to the muscles below. As a result, a child may not be able to move his legs, may not feel heat, touch, or pain, and may not be able to learn bowel and bladder control. Frequently, another problem accompanies spina bifida-- hydrocephalus, which is an abnormally rapid and excessive enlargement of the head due to a fluid backup. Usually this may be treated immediately with a shunt or tube which is inserted to drain fluid off the brain. This must be done as soon as possible, because brain damage may result from the increased pressure.

A child may have a varying degree of involvement with lower extremities. Many children are able to walk unaided. Others require braces and crutches, while still others are restricted to a wheel chair. The bowel and bladder function, but are nearly always suceptible to infection. Often, surgery is required to remove bladder, kidneys, and to close the colon. The hydrocephaly seldom causes further problems once a shunt has been properly inserted. However, early damage can result in mild or even severe retardation. Many children with spina bifida are of average or higher intelligence.

Generally, children attend schools or classes for the orthopedically handicapped if wheelchair-bound. Others may be in regular schools but receive some form of occupational or physical therapy.

The Spina Bifida Association has written material and could put a family or worker in touch with another family. Also, they have regular meetings and get togethers.

Association for Aid to Crippled Children   "The Child with Spina Bifida"
345 East 46th Street
New York, New York 10017

34.

RESOURCES

RESOURCES

When you hope to find an adoptive family for a waiting child, familiarize yourself with the implications of any diagnostic information available on the youngster. Now set out to learn what you might wish to know about a particular handicap if you were considering the adoption of just such a child. Usually you will have to seek out information from a variety of groups and organizations. Most of these groups will provide pamphlets and lead you to resources available in the various states and counties. But you must take the first step. Call or write them. Enlist the help of experienced adoptive families and prospective adoptive families in adding to the list of resources we can provide you as a start.

Blindness

National Federation of the Blind
218 Randolph Hotel Building, Des Moines, Iowa 50309 (515) 283-2601

Social Security Administration
(check telephone book for local office)

(Provides financial assistance to the blind.)

Wayne County Department of Social Services for the Blind
640 Temple, Detroit, Michigan 48201 (313) 256-3428

(Provides job placement, training, physical restoration, rehabilitation teaching and counseling for persons over 16 years of age and information regarding resources available locally for children under 16 years and special services such as leader dogs.)

Cerebral Palsy

United Cerebral Palsy Association, Inc.
66 East 34th Street, New York, New York 10016

Detroit Cerebral Palsy Center
10 Peterboro, Detroit, Michigan 48201 (313) TE3-4307

(Provides services either directly or through referral for clients in the tri-county area. Services include: medical care, therapy, recreation, social activities, parent guidance, psychological testing, counseling, day care, and group play experiences.)

Deafness

International Association of Parents of the Deaf
814 Thayer Avenue, Silver Spring, Maryland 20910

Educators' Guild, Detroit Day School for the Deaf
6301 Greenview, Detroit, Michigan 48228   Mr. and Mrs. Robert Physician

(Many larger cities, some counties and PTA organizations have formed parent groups for families of the deaf.)

Detroit Hearing and Speech Center
19185 Wyoming, Detroit, Michigan 48221 (313) 341-1353

(Offers educational programs, parent and professional workshops, hearing aid evaluation, otological screening, therapy and counseling to the hard-of-hearing.)

Diabetes

American Diabetes Association
18 East 48th Street, New York, New York 10017

Michigan Diabetes Association
6131 West Outer Drive, Detroit, Michigan 48235 (313) 34209333

(Disseminates scientific knowledge of diabetes to the medical profession and diabetics; discovers diabetics so they may be properly treated; promotes medical research and supports a summer camp for diabetic children.)

Juvenile Diabetes Foundation
35 N.E. 17th Street, Miami, Florida 33132

Michigan Juvenile Diabetes Foundation
1400 Kirts, Troy, Michigan 48084

(Local chapters composed mainly of parents of diabetic children raise money for research. They also offer moral support and counseling to other parents of disbetics and sponsor educational programs for the public.)

Mental Retardation

National Association for Retarded Children
2709 Avenue E. East, Arlington, Texas 76011

Michigan Association for Retarded Children
736 Michigan National Tower, Lansing, Michigan 48933 (517) 487-5426

(This group promotes general welfare and understanding of the mentally retarded, research, study and training of personnel, and assists in the formation of local chapters, coordinating their activities, information and programs.)

Wayne County Association for Retarded
701 Parkland Towers West, Dearborn, Michigan 48126 (313) 336-3900

(Serves as administrative, centralized control group for adult sheltered workshops, day training and pre-school programs for children under three years; adult recreational activities.)

Michigan Department of Public Health; Division of Services to Handicapped Children
252 Hollister Building, Lansing, Michigan 48904
(formerly the Michigan Crippled Children's Commission) (517) 373-3640

Wayne County Division of Services to Handicapped Children
1060 West Fort, Detroit, Michigan 48226 (313) 256-3682
(formerly the Wayne County branch of Michigan Crippled Children's Commission)

(Administers crippled children's act; provides medical and surgical treatment of crippled and afflicted children who have a condition that can be remedied and whose parents or guardians are financially unable to provide such service in whole or in part.)

Perceptual Handicaps or Brain-Injured

Association for Children with Learning Disabilities
2200 Brownsville Road, Pittsburgh, Pennsylvania 15210

Michigan Association for Children with Learning Disabilities
2338 North Woodward Avenue, Royal Oak, Michigan 48073 (313) 548-4455

(Some school districts have formed parent groups, much like PTA, serving as educational organizations to promote understanding, diagnosis, evaluation, professional training, facilities, and legislation to finance special education programs.)

Epilepsy Foundation of America
1828 L Street, N.W., Washington, D. C. 20036

Epilepsy Center of Michigan
10 Peterboro, Detroit, Michigan 48221 (313) 321-0105

(Serves as a research, diagnostic and information resource.)

Miscellaneous

General Information and Referral Centers
United Community Service of Metropolitan Detroit
51 West Warren, Detroit, Michigan (313) 833-3430

(These groups are often listed in the telephone directory under Community Information or Volunteer Bureaus. Many are funded by local community fund raising organizations.)

Health, Education and Welfare funded school programs

(The local county director or intermediate school district superintendent has information regarding the various specialized programs offered in their area. Examples: Titles I, III, and VI provide funds for a variety of services to handicapped children.)

Michigan Association for Emotionally Disturbed Children
668 Pallister, Detroit, Michigan 48202 (313) 873-3660

Muscular Dystrophy Associations of America, Inc.
1790 Broadway, New York, New York 10019

Muscular Dystrophy Association of America
400 West Marshall, Ferndale, Michigan 48220 (313) 399-8800

(Supports research, public education and patient services. Provides medical care and supportive services through their clinic. Serves a six county area.)

National Association for Autistic Children
621 Central Avenue, Albany, New York 12206

Wayne County Chapter of the National Society for Autistic Children
32522 Lyndon, Livonia, Michigan 48154 (313) 358-1741

(This group assists families in the car and education of their autistic children, promotes public awareness and diagnosis of autistic children, supports training and education for teachers and professionals.)

National Association for Mental Health, Inc.
1800 North Kent Street, Arlington, Virginia 22209

Michigan Society for Mental Health
27208 Southfield Road, Lathrup Village, Michigan 48076 (313) 557-6777

(Seeks to obtain continuous improvement and expansion of services for the mentally ill in state, federal, and community levels. Society holds conferences, workshops, publishes newsletter, bulletins, and pamphlets; provides referral services for treatment and information; is a source of information for professionals.)

National Cystic Fibrosis Research Foundation
3379 Peachtree Road, N.E., Atlanta, Georgia 30326

National Cystic Fibrosis Research Foundation, Metropolitan Detroit
1528 Woodward, Detroit, Michigan 48226 (313) 965-1276 Chapter

(Supports research and public education, assists parents of cystic fibrosis patients to obtain equipment and drugs. Located in most counties.)

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue, Chicago, Illinois 60612

Easter Seal Society of Wayne County
2545 Hyde Park Drive, Inkster, Michigan 48141 (313) PA2-3055

(Provides information, consultation and referral for physically handicapped children and adults. Services include a summer camp for children, club and recreational program for all age groups, loan equipment, assistance with transportation and payment of diagnostic fees. Centers located in the counties; handicaps served vary in each center.)

National Foundation - March of Dimes (Birth Defects)
P. O. Box 2000, White Plains, New York 10602

National Foundation - March of Dimes (Birth Defects) Metropolitan Chapter
20100 Greenfield, Detroit, Michigan 48235 (313) 864-6000

(Prevention and treatment of congential malformations or defects of body function or chemistry present at birth, through programs of research, patient care, public and professional health education. Through referral and direct aid services, provides assistance in prenatal care, genetic counseling, diagnosis and treatment, and sponsors scholarships in related health fields.)

National Kidney Disease Foundation
116 East 27th Street, New York, New York 10016

Michigan Kidney Disease Foundation
3378 Washtenaw, Ann Arbor, Michigan 48104 (313) 971-2800

(Establishes and maintains steroid-type drug banks throughout the state; provides grants for research, promotes professional, public and parent education; financed through foundation supporters a special clinic at Children's Hospital of Michigan for diagnostic and referral purposes.)

We have given you some information on what we have learned over the past several years. Hopefully you end with even more questions than when you began reading. That is a good and healthy sign. More than anything else, we hope to leave you with a sense that this is, in most instances, a job that can be done by any reasonably sensitive and committed child welfare worker willing to learn from families, from children, from other social workers. A good friend once said that each waiting child's future is limited only by our vision of him. It can be the most rewarding and exhilarating social work experience you will have; it can also be the most exasperating. But for each child you come to know it may be the difference between waiting and belonging.

Senator CRANSTON. At this time, I want to call Congresswoman Yvonne B. Burke, as she is the sponsor on the House side of the companion measure to S. 1593. She has to get back to the House side and I wanted to give her an opportunity to testify at this time.

STATEMENT OF HON. YVONNE B. BURKE, A U.S. REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mrs. BURKE. Thank you very much. I will make a very brief statement.

I have a statement that I am introducing into the record.

First of all, I would like to commend Senator Cranston for introducing this legislation.

My interest comes from 10 years of practicing law before I ran for office in the California Legislature, but also having worked with organizations that are involved in private placement of special needs of children. I think I should really explain how the legislation came to my attention.

I was writing a review of the book by Ms. Alexander on the legal rights of women. In that book, as part of those problems and the legal problems faced by women, she emphasized adoption, many of the hurdles of adoption, and how it has been clouded by our attention to the problems of baby black marketing and the sale of babies.

So that in the adoption area we have been so concerned about trying to prevent the moneymakers who are selling children that we sort of eclipsed the tremendous problem that still exists among children who cannot be placed and often are denied that placement because of inconsistencies in our laws from one jurisdiction to another, that really lies within the judge almost rather than in legislation.

As a result, it becomes judge law, it is arbitrary and often capricious, and reflects, in many instances, the bias or attitudes of that particular judge rather than legislation.

They heralded this piece of legislation, sort of magna carta of adoption, and I immediately asked my staff to contact Senator Cranston to see if anyone had introduced it in the House. I found out they had not. I was very pleased to introduce it because I think it is so needed.

We have some—at least 120,000, some people say 200,000 children who are waiting in foster homes or in institutions, and they are in limbo. They are physically or mentally retarded in so many instances, but in most instances they are highly desirable children who are not placed because there is not a long line of adoptive parents waiting for these children, because they are not within that category that is considered a highly desirable child.

Most of these children, of course, are over the age of five, or they are minority children, and they may be children with some handicap.

So what we realize is that we need to eliminate all of those hurdles that are standing in the way of making it possible for these children to become adoptive.

Foster homes are excellent and foster home system today is far better than the institutional care we saw in years past.

The California State Department of Health has an adoption services section which handles various aspects of the adoption programs in California. The department has informed me that of a total of 1,930 relinquishment and independent adoption cases pending in April 1975, 216 were new cases added that month. By the end of the month, 206 cases had been handled, resulting in 166 approved adoptions, 23 denials and 17 otherwise disposed of.

Relinquishment adoptions are those in which children are placed through a licensed agency where the child to be adopted has been relinquished by its natural parents. Independent adoptions are those which are not handled through a licensed adoption agency, but where the child is placed directly by the natural parents with an adopting family.

In either case, State laws apply and set forth certain requirements as to adoptability of the child, suitability of the prospective parent or parents, and the continuing availability of agency services through the adoption process.

From July 1973 through June 1974, 2,549 children were placed in California by all adoption agencies, public and private, under the relinquishment adoptions program.

While there are no California State statistics that I have seen relating to adoption of "special needs" children, the Los Angeles County Department of Adoptions has provided me with such statistics.

Since it was established 25 years ago, the Los Angeles County Department of Adoptions has placed nearly 28,700 children, making it the largest adoption agency in the world. The total number of children placed has decreased since their peak year in 1968, when some 2,500 children were placed. This decrease is believed to be due to the shortage of infants available for adoption.

However, of the total 830 adoptions in 1974, 87.6 percent, or 727, were "special needs" children. Of the 830, 186 were black children and 67 were Anglo infants.

During the period January to June 30, 1975, 420 children were placed, of whom 359 were "special needs" children.

The decline in the number of infants available for adoption has been attributed to the widespread practice of birth control, a partial change in social attitudes toward out-of-wedlock births, and liberalized abortion laws. Of the 830 children placed in 1974, 227 were adopted by their foster parents and an additional 115 were reunited with their natural parents.

Legal workload in the department has increased as a result of a Los Angeles Superior Court interpretation of a 1972 U.S. Supreme Court ruling stating that the natural father of an illegitimate child must be accorded due process of law with regard to the child. This has delayed the legal freeing of many infants and older children.

Los Angeles' adoption services have been quite successful for a number of reasons, among them the existence of three programs which have stressed recruitment and subsidy payments.

In 1967, a unique recruitment program, called, "Ben Hunter's Adoption Show," began broadcasting live on station KTTV in Los Angeles every Thursday afternoon for 15 minutes. It has been the longest running public service show on U.S. television and has found more homes for the hard-to-place than any other recruitment program. In 1970, this program was awarded an "Emmy" by the Hollywood Chapter of the Academy of Television Arts and Sciences.

In 1969, the landmark legislation, "Aid for the Adoption of Children," sponsored by California Lieutenant Governor Mervin Dymally, began as a pilot program to increase the adoption of "special needs" children.

Under the program, fees for services may be waived or reduced and some subsidies are made available for approved families, not to exceed the cost of foster care. The program became permanent in 1971.

In 1970, the reach out program began as a pilot project to identify and free for adoption children who were in foster homes for extended periods and stood little chance of returning to their own homes.

In 1971, more than one-third of all children placed were adopted by their foster families.

As has been recognized, the Department's services to children with special needs is outstanding in the country. The legislation I have proposed would allow the Los Angeles experience to be shared nationwide.

Briefly, my bill would add a new title XIV—"adoption assistance programs"—to the Public Health Services Act. It would address itself to three basic areas.

First, it would promote the establishment of uniform adoption regulations in the United States in order to eliminate jurisdictional and legal obstacles to adoption. In all too many cases, it is difficult for adoptive parents to seek children in another State because of legal obstacles. My bill would open the prospective field for adoptive parents to the Nation as a whole, rather than just to individual States.

Second, the legislation would provide Federal financial assistance to States for the purpose of assisting adoption agencies and prospective adoptive parents in meeting certain costs of adoption in order to remove or alleviate the financial obstacles to adoption by qualified individuals.

Finally, the bill provides for the establishment of a National Office of Adoption Information and Services in HEW to insure quality standards for adoption services and to provide for a national adoption information exchange system to match children in need of adoption with prospective adoptive parents.

Such Federal legislation will not interfere with the traditional role of the State and local agencies in domestic adoption legislation.

On the contrary, the legislation would act as a catalyst to draw this problem to national attention and to ease many of the obstacles which have heretofore interfered with the ability of this Nation to care for its unadopted children.

In addition, Federal subsidy is a concrete way to decrease overall expenditures for care of these children. Costs have been found to be much higher if a child remains in either an institution or a foster home.

Under most State laws, the State must maintain guardianship and a caseworker must provide supervision until the child reaches 18.

The grants provided by my bill would help agencies meet the costs of locating and freeing for adoption those children who have been in foster care for long periods. It would also provide aid for the placing of these children, providing prenatal and postnatal services to mothers voluntarily planning to place their children for adoption, and would provide counseling services for children and parents.

By speeding up the process through subsidized adoption—currently practiced by 35 States and the District of Columbia and proposed in my bill—the States will actually save money. These savings can be measured by the cost involved to the State if a child is not adopted.

For example, the Division of Vulnerable Children of HEW's Children's Bureau estimates that the average cost of caring for a child in a residential institution is between $20 and $30 per day, or between $7,000 to $10,000 a year. Even with a medical subsidy to provide for a child under subsidized adoption, the overall cost to the State would be less than if the child were to remain under State care.

Experiences of many States have also indicated that savings would result from subsidized adoptions of children formerly in foster care.

In California, the difference between the average foster family care cost per child per month in 1973 and the average adoption subsidy cost per child per month was $83.60 per month per child.

In 1973 in California, the number of legally adopted children receiving subsidized adoptions was 1,258. The average total cost of providing adoption subsidies per child per month was $92. Comparing this with the average monthly foster family care cost, California reported that the latter was $134.85 per month per child, which was $42.85 more per child.

By removing 1,258 children from foster care through a subsidized adoption, a savings of $53,905 a month resulted. The annual savings was $646,860.

The need for this legislation is clear. At present, adoptions in the United States largely present the picture of a system traveling in 50 different directions. Those parents wishing to adopt often are faced with one State pool of children from which to choose because of legal obstacles and redtape involved in attempting interstate adoptions.

Faced with these problems, many families who are wedded to the idea that they must have a healthy white infant turn to the illegal markets for children.

To me, one of the greatest things I thought might come out of the "baby lift" from Vietnam—and I had a great deal of trepidation about the whole baby lift, and I say that because I think it is very difficult to bring a child out of one environment, bring it into a different environment—but I thought that with all of the problems that we might see, and as a minority I hope those children did not face the problems in going to school that other minority children have faced in going into a new community and receiving education, but if one thing that that accomplished, if it changed the attitude of the American people and made them say that we realize we have a responsibility to children who need to be adopted, and if that changed the attitude so that people would not say, well, to adopt a child, that child must look like me and that child must come from the same ethnic religious background, if we could just change that whole pattern of adoption within the United States, and we could make it possible for some of those 120,000 children to find parents, certainly the entire project of the baby lift would be worthwhile and would have historically made an impact on our country.

I would again say that what Senator Cranston has presented, and I hope I can have some measure of success in the House with this legislation, can make the difference, not only in the lives of children but it can make a difference in our entire financial situation as it relates to the care of children who are without natural parents and natural homes.

I thank you for this opportunity to testify, and if there are any questions, I would be more than happy to answer them.

Senator CRANSTON. Thank you very much, Yvonne, for your very constructive, helpful, and forceful testimony. It is great to have you carrying the bill on the House side.

Senator Stafford, do you have any questions?

Senator STAFFORD. Thank you, Mr. Cranston.

I do have one question. First, I want to express my appreciation also for your appearance here this morning.

On page 5 of your written statement, you say, at the bottom of the page, "First, it would promote the establishment of uniform adoption regulations in the United States in order to eliminate jurisdictional and legal obstacles to adoption."

My question is, does this mean that your bill woud preempt State procedures?

Mrs. BURKE. No, it would not preempt State procedures.

In many instances, we would see that there is no real State law. Adoption is often—I think the way it is referred to is it is in the "best interest" of the child.

Well, the concept of the "best interest" is one of those that has caused us more problems than anything else. Everyone has their own ideas of what is in the best interest of the child.

In divorces, we develop patterns over the years, often from just interpreting those words.

Unfortunately, what has happened so much is that "best interest" has become highly localized, highly individualized, and it allows for arbitrary standards.

I know that we constantly hear these stories that are printed where, for instance, a child is denied adoption because his religious background is different from the parents. They find out that the natural mother is of different religion than the prospective adoptive parents.

What we are saying is that in many instances you have relinquishment procedures that are just as antiquated because you get back to this whole idea of best interest.

Adoptive laws have not necessarily been specific. The place where you find a great discrepancy, of course, we have a whole new body of law, is on the illegitimate child, now where the illegitimate father has a greater right to prevent adoption, and we are seeing new probems arise.

As a result, we do need to have a greater—some kind of regulation that would give someone an idea of exactly what the law is on the adoption and would provide consistency from our jurisdiction to another.

Senator STAFFORD. Thank you very much.

Senator CRANSTON. Thank you very much.

Yvonne, get the ball moving over there. We are doing our best over here!

Thank you very much.

Mrs. BURKE. Thank you.

[The prepared statement of Congresswoman Burke follows:]

HEARINGS

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND YOUTH

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE

UNITED STATES SENATE

July 14, 1975

9:30 a.m.

TESTIMONY OF THE HONORABLE YVONNE BRATHWAITE BURKE, M.C.:

Mr. Chairman, I thank the Committee for this opportunity to address you on the problems of adoption of children with special needs. As you know, "special needs" children are generally defined as those who have not been adopted due to their age (usually over 6 years), race, ethnic group, mental, physical or emotional disability, or because they are members of a sibling group.

It is estimated that there are at least 120,000 children waiting in foster homes or in institutions in this nation because they are in legal limbo, are physically or mentally handicapped, or are otherwise difficult to place due to their age or racial or ethnic background. In California alone, there are 7800-8600 in foster homes. The tragedy of adoption today is that the adopting public remains largely white -- with the idea that adoption means a healthy white infant.

I have sponsored legislation, the "Opportunities for Adoption Act of 1975," (H.R. 7004), which is identical to legislation sponsored by Senator Cranston. This legislation is specifically intended to benefit these 120,000 hard-to-place children through federal grants for adoption assistance, services and information-gathering and dissemination. Before discussing the substance of my bill, however, I would like to describe to you the California experience in the area of adoption of children with special needs.

The California State Department of Health has an Adoptions Services Section which handles various aspects of the adoptions programs in California. The Department has informed me that of a total of 1930 relinquishment and independent adoption cases pending in April, 1975, 216 were new cases added that month. By the end of the month, 206 cases had been handled, resulting in 166 approved adoptions, 23 denials and 17 otherwise disposed of.

Relinquishment adoptions are those in which children are placed through a licensed agency to which the child to be adopted has been relinquished by its natural parents. Independent adoptions are those which are not handled through a licensed adoption agency, but where the child is placed directly by the natural parents with an adopting family. In either case, state laws apply and set forth certain requirements as to adoptability of the child, suitability of the prospective parent or parents, and the continuing availability of agency services throughout the adoption process. From July, 1973 through June, 1974, 2549 children were placed in California by all adoption agencies (public and private) under the Relinquishment Adoptions program.

While there are no California state statistics that I have seen relating to adoption of "special needs" children, the Los Angeles County Department of Adoptions has provided me with such statistics..

Since it was established 25 years ago, the Los Angeles County Department of Adoptions has placed nearly 28,700 children, making it the largest adoption agency in the world. The total number of children placed has decreased since their peak year in 1968, when some 2500 children were placed. This decrease is believed to be due to the shortage of infants available for adoption. However, of the total 830 adoptions in 1974, 87.6% or 727 were "special needs" children. Of the 830, 186 were black children and 67 were Anglo infants. During the period January-June 30, 1975, 420 children were placed, of whom 359 were "special needs" children.

The decline in the number of infants available for adoption has been attributed to the widespread practice of birth control, a partial change in social attitudes toward out-of-wedlock births, and liberalized abortion laws. Of the 830 children placed in 1974, 227 were adopted by their foster parents and an additional 135 were reunited with their natural parents.

Legal workload in the department has increased as a result of a Los Angeles superior court interpretation of a 1972 United States Supreme Court ruling stating that the natural father of an illegitimate child must be accorded due process of law with regard to the child. This has delayed the legal freeing of many infants and older children.

Los Angeles' adoption services have been quite successful for a number of reasons, among them the existence of three programs which have stressed recruitment and subsidy payments. In 1967, a unique recruitment program called "Ben Hunter's Adoption Show" began broadcasting live on station KTTV in Los Angeles every Thursday afternoon for 15 minutes. It has been the longest running public service show on U.S. television and has found more homes for the hard-to-place than any other recruitment program. In 1970, this program was awarded an "Emmy" by the Hollywood Chapter of the Academy of Television Arts and Sciences.

In 1969, the landmark legislation, "Aid for the Adoption of Children," sponsored by California Lt. Gov. Mervin Dymally, began as a pilot program to increase the adoption of "special needs" children. Under the program, fees for services may be waived or reduced and some subsidies are made available for approved families, not to exceed the cost of foster care. The program became permanent in 1971.

In 1970, the Reach Out program began as a pilot project to identify and free for adoption children who were in foster homes for extended periods and stood little chance of returning to their own homes. In 1971, more than one-third of all children placed were adopted by their foster families.

As has been recognized, the Department's services to children with special needs is outstanding in the country. The legislation I have proposed would allow the Los Angeles experience to be shared nationwide.

Briefly, my bill would add a new Title XIV -- "Adoption Assistance Programs" -- to the Public Health Services Act. It would address itself to three basic areas. First, it would promote the establishment of uniform adoption regulations in the United States in order to eliminate jurisdictional and legal obstacles to adoption. In all too many cases, it is difficult for adoptive parents to seek children in another state because of legal obstacles. My bill would open the prospective field for adoptive parents to the nation as a whole, rather than just to individual states.

Secondly, the legislation would provide federal financial assistance to States for the purpose of assisting adoption agencies and prospective adoptive parents in meeting certain costs of adoption in order to remove or alleviate the financial obstacles to adoption by qualified individuals.

Finally, the bill provides for the establishment of a National Office of Adoption Information and Services in HEW to insure quality standards for adoption services and to provide for a national adoption information exchange system to match children in need of adoption with prospective adoptive parents.

Such federal legislation will not interfere with the traditional role of the state and local agencies in domestic adoption legislation. On the contrary, the legislation would act as a catalyst to draw this problem to national attention and to ease many of the obstacles which have heretofore interfered with the ability of this nation to care for its unadopted children.

In addition, federal subsidy is a concrete way to decrease overall expenditures for care of these children. Costs have been found to be much higher if a child remains in either an institution or a foster home. Under most state laws, the state must maintain guardianship and a caseworker must provide supervision until the child reaches 18.

The grants provided by my bill would help agencies meet the costs of locating and freeing for adoption those children who have been in foster care for long periods. It would also provide aid for the placing of these children, provide prenatal and postnatal services to mothers voluntarily planning to place their children for adoption, and would provide counseling services for children and parents.

By speeding up the process through subsidized adoption (currently practiced by 35 states and the District of Columbia and proposed in my bill), the states will actually save money. These savings can be measured by the cost involved to the state if a child is not adopted. For example, the Division of Vulnerable Children of HEW's Children's Bureau estimates that the average cost of caring for a child in a residential institution is between $20 and $30 per day, or between $7000-$10,000 a year. Even with a medical subsidy to provide for a child under subsidized adoption, the overall cost to the state would be less than if the child were to remain under state care.

Experiences of many states have also indicated that savings would result from subsidized adoptions of children formerly in foster care. In California, the difference between the average foster family care cost per child per month in 1973 and the average adoption subsidy cost per child per month was $83.60 per month per child.

In 1973 in California, the number of legally adopted children receiving subsidized adoptions was 1258. The average total cost of providing adoption subsidies per child per month was $92.00. Comparing this with the average monthly foster family care cost, California reported that the latter was $134.85 per month per child, which was $42.85 more per child. By removing 1258 children from foster care through a subsidized adoption, a savings of $53,905 a month resulted. The annual savings was $646,860.

The need for this legislation is clear. At present, adoptions in the United States largely present the picture of a system travelling in 50 different directions. Those parents wishing to adopt often are faced with one state pool of children from which to choose because of legal obstacles and red tape involved in attempting interstate adoptions. Faced with these problems, many families who are wedded to the idea that they must have a healthy white infant turn to the illegal markets for children.

Mr. Chairman, we must change the myths prevalent in this nation concerning so-called "adoptable" children, and open the way for the American people to open their hearts to our children in need. Federal adoption legislation would call on this nation to demonstrate the same outpouring of concern toward this country's 120,000 children in need of adoption as was shown toward the young victims of the Indochina war in "Operation Baby Lift." Many have indicated that "Operation Baby Lift" was a result of America's feelings of guilt over our activities in Vietnam. Surely we must feel the same sense of guilt about our indifference to the plight of so many of our own children.

Moreover, while it is statistically evident that children who are placed through adoption present a monetary saving to a state, the effects are enormous when considered in terms of "human economics." Few would dispute the contention that the ability of a child to identify with one or two parents is of incalculable importance in the development and stability of that child.

Mr. Chairman, I would like to close with this thought: There are no unadoptable children -- just unadopted children.

Senator Cranston. Mr. Meagher, have you had a chance to study the bill that we are considering?

Mr. Meagher. My wife and I read it to each other Saturday night. It was the former version, last year's version.

Senator Cranston. Do you feel it would be helpful in dealing with some of the obstacles that you have experienced?

Mr. Meagher. Yes; I think we agreed that it was. Our one thought on the training aspect would be, the question comes to mind in our own experience, and as we looked at the bill, we would hope Congress would keep in mind the need to train at entry level and not just create more supervisors who move, in effect, out of the system and do not have contact with the kids or parents in a direct sense.

Much of our comment, I guess, to ourselves was gee, Congress puts a lot of money at the wrong place, they would be training the wrong people.

Mrs. Meagher. We are also happy with the postplacement services, because we feel there is a greater need for postplacement services with special need kids.

Our agency has been very supportive of us and we are very thankful.

Senator Cranston. How did the two of you happen to start adopting and why are you continuing?

Mr. Meagher. Through exposure to the big brother program we found we were capable of handling the situation which we thought might come up with older children and that we enjoyed it. We went to the particular agency we did because, frankly, it offered the least amount of hassle over religion, over income, over living circumstances.

Mrs. Meagher. Plus, at that time, we had biological children of our own, and that fact, 5 years ago, excluded you from most agencies. They would not consider you if you could produce children of your own. They would say why would you want to adopt a child?

Senator Cranston. Well, you certainly have been very helpful. It has been good to have you with us.

Ms. Donley, how many adoptive children have you placed in homes each year?

Ms. Donley. Between 2 and 3 dozen youngsters throughout the year. In the whole Spaulding system of Michigan, New Jersey, and New York City, we have placed 400 special needs youngsters in the past several years.

Senator Cranston. How many more could you help find homes, if you had the necessary support?

Ms. Donley. I think basically a small agency like ours has a role in terms of leadership kind of thing. I feel that we can have broader impact in helping other agencies tool up to do this kind of job. I see no reason why every public welfare department in this Nation is not placing the kind of youngsters that we are placing. But that definitely needs specialized staff, and that means special training for those sort of people.

I see no reason why every State in this Union should not literally be placing hundreds of such children every calendar year because literally hundreds of them are flooding in those system each calendar year.

Senator Cranston. Do you feel that S. 1593 would be of direct help to your organization?

Ms. DONLEY. Absolutely; not just to our organization, but to all those other bits and pieces of the movement out there laboring in the field.

The problem we have always had is we do not get anybody's attention, frankly. We are a very little wheel in this big cog of the child welfare system.

Senator CRANSTON. Are there any major obstacles to adoptive placement that our bill should address?

Ms. DONLEY. I feel with a few minor changes and alterations that you have about covered the waterfront.

My chief concern is the training issue.

You can change all the policies in the world and implement the best computer system this Nation has ever seen, and if you do not have line workers who believe these kids are placeable and families will come forward to do the job with this system, you cannot do it.

Senator CRANSTON. If you will give us in writing any other specific thoughts you have about the bill, we would appreciate it very much.

Ms. DONLEY. Thank you.

Senator CRANSTON. Thank you very much for coming.

Joyce, it was wonderful for you to come.

We now have a panel of agency representatives, Ruth McCracken, Children's Home Society of North Carolina, Greensboro, N.C.; Helen Ramirez, Los Angeles County Department of Adoption, Los Angeles, Calif.; and Roger Toogood, Minnesota Children's Home Society, St. Paul, Minn.

We are delighted to have all of you with us. I am particularly delighted, Helen, that you are here with us. I know of your very fine work.

If you could summarize your prepared statements, we would be very grateful to you. I do have to leave at 11:30.

STATEMENT OF HELEN RAMIREZ, DEPUTY DIRECTOR, LOS ANGELES COUNTY DEPARTMENT OF ADOPTION, LOS ANGLES, CALIF.; ACCOMPANIED BY RUTH M. McCRACKEN, EXECUTIVE DIRECTOR, CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, GREENSBORO, N.C.; AND ROGER TOOGOOD, EXECUTIVE DIRECTOR, MINNESOTA CHILDREN'S HOME SOCIETY, ST. PAUL, MINN. A PANEL

Ms. RAMIREZ. I work for the Los Angeles County Department of Adoption, Los Angeles, Calif. I am deputy director.

We were established in 1949, and since then we placed 29,045 children, the majority of which, as Congresswomen Burke mentioned, are hard to place children.

We term these children hard-to-place because of serious medical problems, current emotional problems. Sometimes they have factors in the natural parent background, such as mental illness, drug usage, unknown parentage.

We have many people who feel they cannot accept this. Also, the age of the child or the ethnicity makes the number of families who want to adopt this child limited.

Right now, within the Department of Adoption in Los Angeles County, we especially see a crucial need for families who can adopt Chicano and black children, who are 6 years or older.

One of the things that S. 1593 refers to is the need to really identify children in need of adoptive services, and to this our department can strongly relate.

In 1969, as we saw a downward trend of infants available for adoption, we then looked around within Los Angeles County to see who were the children in need of services, not only adoption, but the whole spectrum of child welfare services, one of which could be adoption.

In doing this, we developed in the latter part, December 1969, a joint project, which we termed the reach out program. This was a joint project with the Los Angeles County Department of Public Social Services.

What we were trying to do was look at the children who were growing up in foster homes, kind of in limbo, as Senator Cranston's bill refers to. Really, there could be natural parents or not in the picture, but somehow they were not coming to grips in terms of planning any permanency for the child.

The number of referrals the first year documented for us that there certainly were a high number of children in need of these services. In the last calendar year of 1974, 1,026 children were referred to us by the department of public social services. We placed 527 for adoption last year. This includes those referred last year as well as previous years, from 1970 on, and 206 of these were adopted by their foster parents.

Again, S. 1593 alludes to seeing what can be done to enable foster parents to adopt children who are growing up in their home.

Also, another side benefit, at least from my standpoint, is that in locating natural parents of some of these children referred to us, we can find that they were mobilized to rehabilitate themselves and to truly show a capacity to plan for the child with them.

So, the last calendar year, there were 123 children who were reclaimed by their natural parents and, as far as we know, are doing well.

In planning for these children and looking at all resources, we were able to place nine of these children with relatives. One of the things that we greatly believe, is, as Congresswoman Burke referred to, that many more hard-to-place children would be adopted if there was a financial assistance program.

She referred to the aid for adoption of children program which we have in California.

She gave us the particular detail of that. I would like to give you the figures that we have as of this month.

Currently, we have 1,800 families who are being helped under the aid for adoption of children program, and 695 of these children have been placed with foster parents, so that the foster parents are given a monthly subsidy.

Of the 1,800 families, 305 do not get a monthly subsidy, but only asked for the fee to be waived, which is one of the provisions.

You can get the fee waived or you can get a monthly grant, or you can get both.

Also, the average grant is $113, and as Congresswoman Burke referred to, there is a substantial saving per month to Los Angeles County, right now it is running about $52,655 per month, the difference between what the subsidies amount to and what we would be paying for these children if they remain in foster care.

One thing our department would like to see is the development of other resources so that subsidies would not have to be open ended. We feel that the adoptive status does say something about a difference within children. If the child could point to being a family where the total responsibility for him is taken by his adoptive family, including financial responsibility, then we feel that says something psychologically different to the child, it says that he or she has truly become part of that family.

One of the big needs we do recognize is the expense involved with the children who have huge medical problems. In California we have made extensive use of the crippled children's services. This provides financial assistance for serious medical problems that are of an ongoing duration.

We have especially used the crippled children's services program for adopted children who have cerebral palsy and major heart conditions.

One of the things alluded to by the Meagher family, and also by Ms. Donley, was really the need for training staff.

We found that as we moved from the placement of infants to older children, we had to change our perspective. We no longer approach a family in terms of can we approve of them or not, but from the perspective of how can we use them?

Many families we approved because they do show potential to adopt some of these hard-to-place children, especially emotionally disturbed ones. We place on a foster home basis first until they get used to each other as a family; then it is easier to move into adoptive placement. This seems to take some of the pressures off the families initially.

We also find that staff has a hard time moving from servicing natural parents who came to us on a voluntary basis, that is they were requesting placement of children for adoption, to serving those who really were not interested in seeing us and whom, in fact, we had to go out and search for. These were natural parents of children who were referred to us under the reach out program. Many of these natural parents, even though they are not providing any kind of a permanent plan for the child, do not want to sign relinquishment papers which would enable us to place their child for adoption.

We find we do have to go to court to legally terminate their rights, thereby allowing us to place the children for adoption.

In the prepared statement that I submitted there is an attachment which outlines the seven steps under which you can free children for adoption under civil code, section 232. Part 7 is one in which the department of adoptions played a major role. It alludes to natural parents that move in and out of the child's life, not really planning any permanency, but just keeping in touch, so you could not technically say the parent had abandoned the child.

We feel that this is really a breakthrough because it enables us to service many more children in terms of adoption.

In trying to place older children we found we had to think of different ways to reach the community to tell them about our needs.

Right now we have a full-time public relations coordinator to help publicize the needs of these children.

We think one of our most successful programs, even though it was controversial to begin with, is a weekly TV show called the Ben Hunter Show. We feature our hard-to-place children, whether because of race, age, serious medical problems, or whatever. Ben Hunter is the host of this show; he talks about these children, their needs, sometimes their social worker appears, and we give them as broad an exposure as possible.

A nice sidelight from the show is about a 9-year-old who appeared on the show. One of the cameramen for the show called right after the show, and ended up adopting this child.

You never know who will be around who will really express some interest, and it turned out to be a good adoptive family.

This man and his wife also adopted two other children, not through us, but they certainly knew about issues and thing that had to be dealt with in adoptions.

Since 1971 we have placed 290 children as a result of their appearance on the Ben Hunter Show. We have used other events in the community, to continue to publicize these children, and by these we have placed 104 other children within the last 3 years.

We really feel that children are their own best salespeople. When people make the connection by visually seeing them, or seeing them in person, this really is something you cannot beat.

One of the things that we have found with these children as was alluded to before, is that they have gone from one foster home to another, thus bringing many emotional problems with them.

Many of these children, we are finding, have suffered abuse, both psychological and certainly physical. They show conditions which demonstrate to us that the natural parent was not able to get good prenatal care, and certainly not very comprehensive medical care for them in their early formative years.

We hope somehow across the board there can be something provided, or some place found that will give good medical attention to all expecting mothers, and certainly to children in their early years.

We also find that many children referred to us are part of a sibling group, and this brings with it different problems. We have been successful in placing a couple of families where there were five siblings, but this is unusual.

What we do is recruit families who will take the different children within a sibling group and continue to be kind of an extended family, where they visit, and for all intents and purposes keep up the family relationship. That calls for a different approach in recruitment.

Also, I would like to strongly suggest that adoption agencies remain aware of the particular ethnic groups that they are servicing.

For instance, as I mentioned, we have a high need for adoptive families for Chicano children, certainly within California and the Los Angeles area.

Just within the last month we made a special effort to recruit Chicano staff, and we were successful in getting five people with master's degrees, which if you recognize how few master degree people there are among the Chicano people, that really was very good. We are pleased about that. They are bilingual.

This is certainly necessary for reaching out to adoptive families. Many of our natural parents requesting services also speak Spanish;

some of our children have grown up in foster homes where Spanish is spoken.

One of the things that Congresswoman Burke alluded to, and I would like to support, is the need for legislation that would clarify the rights of natural fathers.

In California the controversy that is going back and forth on whether they have rights or not has really served to delay the placement of children, so we really need to clarify this very strongly.

We would like to see some procedure whereby natural fathers have to assume responsibility for coming forth and declaring paternity, saying they will take some responsibility prior to the birth of the child. If they do not, then we feel that their rights have been served, and we can go ahead and place the child, if all the other legal requirements have been met.

I would like to mention one other thing, and that is, we are finding that adoption really is a continuum. We have many people coming to us after an adoption has been completed, whether it is the adoptee, the natural parent or the adoptive parents.

In California AB 315, the Keene bill, would have set up a central registry where requests for unification of adoptees and their natural parents would have been kept on file; if a natural parent and adoptee wanted unification, they both would have been contacted. This may have been a possibility—I do not know if we have the answers. I do know that this is something to which we must address ourselves.

I know that S. 1593 does allude to post adoptive services.

In closing, I would like to say that I feel that S. 1593 really speaks for children. The longer I work in this field, the more concerned I am that there are not enough voices who do speak for children.

Senator CRANSTON. Thank you very much.

[The prepared statement of Ms. Ramirez follows:]

S. 1593 - "OPPORTUNITIES FOR ADOPTION ACT OF 1975"

The following is submitted by Helen Ramirez, Deputy
Director, Los Angeles County Department of Adoptions:

The County of Los Angeles Department of Adoptions (hereafter referred to as CDA) is the largest adoption agency in the world and recognized as one of the most progressive agencies in the adoptions field. Established in June of 1949, it has focused special efforts in finding adoptive homes for the hard-to-place child. Approximately 85% of CDA's current adoptive placements are children with serious medical problems; current emotional problems; and/or background factors in the natural parent history (e.g., use of drugs, mental illness, unknown parentage), ethnic background and age of child which limits the number of adoptive applicants desiring such a child. Especially crucial is CDA's need for families who can adopt Chicano and Black children six years and older.

CDA offers comprehensive adoption services to natural parents of all races and background; to children of all races, ages and background; and to all people wishing to adopt, be they a married couple applying or a single parent applicant. The latter type of placement was pioneered by CDA in December of 1965 and we have placed with 289 single parents as of June, 1975.

CDA also serves the Superior Courts by making studies and recommendations on petitions to adopt independently (without the assistance of an adoption agency) and on step-parent adoptions.

In 1967, CDA was established as a separate Department and removed as part of an over-all Welfare Department complex. Our Director is accountable directly to the County Board of Supervisors. Serving all of Los Angeles, CDA has five District Offices, with two sub-offices strategically located around the County. It has a total staff of 355 employees.

In 1970, CDA began an innovative pilot project termed the "Reach-Out Program." This was a joint effort between CDA and the Los Angeles County Department of Public Social Services (hereafter referred to as DPSS) to focus attention and efforts on identifying those children in foster home care for whom no permanent life plans were being made. These children seemed to be going nowhere. Their natural parents might be in the picture or not but the "status quo" year after year in a foster home was being maintained for this child.

The Reach-Out Program was a result of CDA's adaptation to the changing picture within adoptions in Los Angeles County and throughout California. Traditionally, we had been involved in placing desirable Anglo infants and then in 1969, we began to see a serious decrease in natural mothers coming to us requesting placement of their child or children. As family planning services expanded, legalized abortion took hold, and more unmarried mothers kept children, with society's increased support, fewer infants were available for adoption. In our peak fiscal year of placements (July 1967 thru June 1968), we placed 2,503 children, the majority of these being Anglo infants. In the calendar year of 1974, CDA placed a total of 830 children, with only 103 being Anglo infants. The rest of the placements were of hard-to-place children, so designated due to ethnic background, current physical and emotional problems, age, or negative background factors within the natural parent history.

So, with the downward trend of infants, CDA had to evaluate its services. The logical question became -- who are the children needing our services or in a broader child welfare sense (which is the perspective of the Reach-Out Program), who are the children needing permanent life plans, one of which could be adoption? The direction seemed to point clearly toward those children growing up in foster home care for whom no permanent life plan was being made.

The pilot project involved two of CDA's District Offices and five DPSS Child Welfare Services Offices. We assigned one of our workers to be what we termed a liaison worker, whose job was to serve as a liaison between the two Departments, advising DPSS staff about services that we could provide for children and to discuss specific cases that the DPSS staff wished to refer for placement. By July 1970, 105 children had been referred. This number documented for us that there were older children in foster care needing our services. This number seemed a lot to us when we recognized that so much of the liaison worker's job was that of public relations since there seemed a natural resistance on the part of DPSS to refer children not really knowing for sure what we could or could not do for these children.

In July 1970, we then added the Reach-Out Program to our three remaining District Offices and by the end of November, we had a total of 397 children referred, of which 71 were freed for adoptive placement and 39 were placed in adoptive homes.

With this success, we contemplated how more of these children could be reached and in December decided on the use of computer listings since all children in placement in Los Angeles County are listed on computer print-out sheets. From the most current print-out sheets available, we identified 1,572 children who met the following criteria:

a. They were 5 years or less.

b. Had been in placement 6 months or longer.

c. The reason for placement was illness, death or incarceration of a parent, or desertion, neglect or abuse of this child.

Of these cases, we ended up accepting for referral 206 children. Since the most current computer list from which we were identifying children went back to August, 1970, by now, in December, many of these children were no longer in placement while some had physical and emotional developmental reasons plus legal entanglements which made them impossible to free for adoption, so that they were not appropriate referrals to us for planning. We continued the use of computer lists until the Reach-Out Program was well established. All referrals now are made directly by the DPSS workers themselves and whereas the above criteria covered the more readily placeable children, our current referrals are mostly of multi-problem children six years and older.

While we were more and more convinced about our Reach-Out Program, it was not without growing pains, so to speak. Staff had to look at how we were traditionally handling adoptive services and change our ways. No longer were the natural parents coming to us for services; in point of fact, many of them were hiding from us. We had to reach out to them and deal with their resistance to make permanent plans for their children. Many of them were satisfied with appearing in this child's life periodically and as long as the parent knew someone was providing full-time board and care for his child, that, to this parent meant providing permanency in this child's life. These parents were so elusive that we have workers in our agency designated as Search Team members whose purpose is to trace these parents wherever they might be -- here, in other states and other countries. The foster parents of these children were not too happy to see us either. They could not understand why all of a sudden a social worker was making visits so often and why we were interested in this child whom they had come to think about as part of the family although not necessarily wanting to adopt the child. The DPSS workers also had to deal with their feelings of equating referrals to us as failure on their part to rehabilitate the family. Our workers, especially those studying adoptive homes, had to call on different skills in the study of homes for older children than those needed for the placement of infants. This was not easy for staff to accept nor was the taking of cases to court to terminate legal rights of parents through court action when natural parents would not relinquish voluntarily and yet were unable to function as parents to their children.

The latest figures from the Reach-Out Program for the calendar year 1974 follows:

1,026 children were referred to us by DPSS

527 were placed for adoption; over one-half were children ages 6 and over. Of these 527 children, 206 were adopted by their foster parents.

507 cases were closed due to the following reasons:

Parent kept or reclaimed child	123
Parent made independent placement	12
Relatives took child	9
Continued DPSS foster care indicated (107 of these are Unadoptable)	345
Unable to free legally	11
Other	7

Savings to Los Angeles County totaled $52,655, when we substract the $27,407 total amount of monthly grants being given to the adoptive parents for these children under the Aid for Adoption of Children Program (hereafter referred to as AAC) from the $80,062 total amount of board and care payments that would have been given if these same children had remained in foster home placement.

The above-mentioned AAC Program began as a pilot project in 1969 to increase adoption of hard-to-place children through financial assistance. Legislation was introduced for this by the then State Senator Mervyn Dymally, now Lieutenant Governor of California. In 1971, the AAC Program became permanent. Under this Program, financial assistance can be given to the adoptive parents based on needs of the child placed, up to the maximum amount of what the board and care payment would have been if the child had remained in a foster home. This monthly grant can be given for three years, and is renewable for two more years, thereby helping a family for five years if needed.

Since the beginning of the AAC Program, we have given grants in behalf of 1,495 children, 647 of which are children placed with foster parents. The average grant is $113.00.

Another resource which we have used extensively to aid with placement of hard-to-place children is that of Crippled Children's Services (hereafter referred to as CCS). This program provides financial assistance to cover medical expenses involving handicapped conditions where medical care and, therefore, expenses will be ongoing. Our agency especially has made use of this program to help with children who have cerebral palsy and heart conditions requiring ongoing medical attention. Families adopting through our agency can continue to receive help through CCS even after the adoption is completed and they do not have to undergo any financial screening but are blanketed in as eligible to receive benefits under a special arrangement between CDA and CCS. In addition, even though the over-all services covered by CCS can change, once a child is covered for specific conditions, this coverage continues. Further, when a family moves to another county or another state, the local CCS will make certain that before they close their case on any family that the other county or state to which the adoptive family is moving does provide coverage for the medical condition which the adoptive child has.

To meet the challenge of placing hard-to-place children, we have had to try innovative ways of making our needs known to the public. At present, we have a full-time Public Relations Coordinator who addresses herself to this. Besides the usual publicity efforts, there are two events which I feel have especially had public appeal as well as public response. These are the Ben Hunter TV Show and what we call Carousel of Children.

The Ben Hunter TV Show is a local weekly 15-minute program on which we feature older children who are legally free and ready for adoptive homes. Ben Hunter, the host of the show, tells about the children and their particular needs, with an honest attempt to present these children realistically and not soft-soap them. Sometimes the child's social worker appears with him and discusses the kind of family he needs. The telephone number of our main office is given, with our Applicant Intake Workers ready to take the inquiry calls and promise an immediate follow-up contact. The different District Offices alternate having their children featured. Seeing a child on TV seems to have tremendous appeal and while we have to spend time weeding out those whose response was strictly a spontaneous, emotional one, we feel it's worth it because we have placed 290 children from this program. One 9 year-old child featured on the program was adopted by one of the cameramen working the Ben Hunter Show. He called in as soon as the show was over. He and his wife turned out to have 2 other adopted children. We even began groups to prepare these children for going on TV.

Carousel of Children, so named because of the presence of a carousel featuring pictures of older children free for adoption, is a carnival-like event sponsored by one of our volunteer auxiliary groups made up of adoptive couples who have adopted through us. One of the community leaders lends the gardens of her home for a Sunday afternoon where you see children enjoying themselves. Only children available for adoption come. The adults invited are told that only children free for adoption will be present and, therefore, are asked not to bring their children. Those invited are prospective adoptive couples plus community leaders. For the children it's a party; for CDA, a rewarding way not only to find homes for older children but also to increase the community's awareness of our needs. Since August 1972, we have placed thirty-six children from this event.

To the above two events, we have added four other major agency events to which we bring older children available for adoption. 68 children have found adoptive homes as a result.

One of the major things we have learned from our work with older children is that adoptions must be viewed as a continuum. Older children bring with them experiences which have naturally affected their functioning and in most instances, render them less able to cope with establishing immediate relationships within a family setting. These are children who have been moved from one foster home to another having to relate to many adults, and experiencing confusion with guidelines for functioning which change depending on which adult the child is relating. In addition, these experiences involve exposure to painful situations which leave emotional scars upon these children. Many of the children referred to us by DPSS have had both physical and emotional abuse, thus finding it almost impossible to trust any adult. These children also bring with them memories of their natural parents and it takes much work in finding prospective adoptive couples who can cope with these kinds of vivid, daily memories. Further, these children reflect a high degree of confusion as to identity and need much social work intervention in sorting out "where they have been, why they are in the situation they are currently, and what does the future hold for them?"

Due to having had few advantages in growing up, these children come from natural parents who have not had the benefit of good medical attention during the prenatal period, nor have they been able to provide the medical attention a parent would hope for this child as he grows. It is this less advantageous climate accompanied by much psychological stress that contributed toward the natural parent having to place the child in a foster home, and the child eventually being referred to us.

We find many situations in which there are siblings who have had to be placed in foster homes and we have had to meet the challenge of trying to find homes for sibling groups. When this is not possible in one family, we have to find several adoptive couples who are not threatened and willing to continue a sort of sibling relationship even though the children are placed in more than one home.

The above has necessitated an orientation with staff as well as the total community to apprise them of the unique needs of older children in trying to work with attitudes which might prevent looking at innovative ways to meet the needs of these children. In terms of the Department of Adoptions' staff, we have had to make greater use of outside supports such as psychiatric consultation, the use of psychologicals, intensive medical workups, etc.

During the past three years, CDA has experienced a tremendous increase in legislation activity related to the welfare of minors, specifically in areas concerning adoption. While many of the legislative bills approved resulted in minor clarification and refinement of adoption procedures, the following bills were of major importance.

> AB 1012, which amended Section 232 of the California Civil Code was introduced and passed in 1973.
>
> Basically Section 232 of California Civil Code was clarified and the circumstances under which action may be brought for purpose of having a person under the age of eighteen declared free from the custody and control of either one or both of his parents were expanded. CDA staff put in many hours of work in helping to bring about these changes (refer to attachment entitled "Appendix 38").

> The year 1974, under SB 1863, witnessed the adoption of an Interstate Compact on placement of children. The law now provides cooperative procedures between states to the end that children requiring placement shall be afforded the opportunity of placement in a suitable environment having appropriate qualifications to provide a necessary and desirable degree and type of care.
>
> Also passed was AB 3634 which requires the adoption agency to provide written medical background material, if available, to the adoptive parents on the child and the child's parents at the time of the adoptive placement and to secure written acknowledgement of the receipt of such a report from the adopting parents.

Our involvement with more legal action in relation to natural parents has made us acutely aware that there is legislation needed to especially clarify the rights of natural fathers. This remains an undefined area and one which causes confusion leading toward delay in the sense of a plan being possible as quickly as desirable in behalf of children. The lack of uniformity within this area also prevents our placing children in other states which have different legal requirements.

AB 2015 which did not pass as legislation proposed uniform procedures with regard to the rights and responsibilities of a person claiming to be the natural father of an illegitimate child. It provided for the natural father to register with the State Department of Health his claim of paternity and thus establish his rights to a court hearing in regard to adoptive plans for the child. Perhaps, this will be introduced again.

Current legislation being proposed of significance to CDA follows:

> SB 347 (Beilenson and Song) which would eliminate the distinction between legitimate and illegitimate children and enacts the Uniform Parentage Act to provide a procedure to establish the parent-child relationship without regard to distinctions based on legitimacy.
>
> SB 30 (Gregorio) deals extensively with the placement of children in foster care and sets up controls and procedures to deter and prevent children from remaining for an indefinite time in foster care. The Bill provides alternative life plans for children who will not be reunited with their own family.

One of the major social service needs emerging, and in point of fact, having existed for some time, is that of post-adoptive services. More and more as an agency, we find ourselves responding to a client's request for service years after their adoption has been completed and we need to work at staff needs in relation to providing these services. This last fiscal year (July 1974 thru June 1975) we received 925 requests for service. These requests range from natural parents wishing to know how the child they placed for adoption is doing, to adoptees wishing to locate natural parents and/or have more background information on them, as well as requests from adoptive parents for counseling with the child they adopted who is now exhibiting some behavioral acting-out.

It was with regret that we saw AB 315 (Keene) die in committee, as this would have provided counseling services, as well as a central registry where requests for reunification from adoptees 18 years or older, as well as requests from natural parents would be kept on file. If both parties requested this reunification, it would have been arranged. As mentioned above, we have adopted children who do come to us asking to locate their natural parents. For many, when seen, it seems to suffice for them to have more specific details as to what their parents were like as well as the situation which brought their parents to request adoptive placement. When these adoptees are seen, it is usually with the knowledge of their adoptive parents, although not always. Irregardless, there needs to be a method whereby licensed adoption agencies can provide services for adoptees and natural parents seeking reunification, as opposed to the adoptees and natural parents doing this on their own and trying to locate each other without having counseling which will aid them in looking at all the aspects involved and the possible consequences should they pursue this action. We, therefore, would encourage legislation in this area.

CDA supports S. 1593's goal to insure quality standards for adoptive services and for uniform adoption laws, as well as recognizing the necessity for some financial assistance to enable more families to adopt and thereby providing services to hard-to-place children. However, as to the latter, CDA would have question about an open-ended grant. We feel strongly from a philosophical standpoint and from that of sound social work services that adoptive status must offer more permanency to a child and there must be a definite change from what the child has known in foster care in which foster parents are paid for the child's board and care. Unless this definite distinction is made, CDA feels this child remains set apart and does not, in the eyes of the community, and more importantly, in the eyes of the child himself, truly become part of a family group.

CDA would like to see financial help with transportation costs when children are placed inter-state. In addition, much research is needed in the field of adoptions which has implications for practice. A thesis done in 1974 involving CDA adoptive families showed a high incidence of learning disabilities (thesis done by Susan Casey D'Amico and Barbara Wolas Kornblau in January 1974 entitled "Educational Characteristics of Children Adopted Through a Public Agency: Epidemiology of Learning Disabilities"). CDA has also seen a high incidence of conditions in the children we are taking under care for adoptive placement which reflect poor prenatal medical care on the part of the natural mother as well as a lack of comprehensive medical attention for the child in his early formative years. Ways must be found to insure quality medical attention.

CDA has just hired five Spanish-speaking workers to help meet the needs of our client population who speak Spanish and need a social worker sensitive to this culture. These workers will also be actively used in recruitment efforts to find families for our Chicano children. CDA points this out in the hope that as we strive for quality adoption services, we do not forget that we need to be aware of the needs of special population groups in various areas of the United States.

As of June 1975, CDA has placed a total of 29,045 children since October of 1949. When the question -- "Who speaks for children?" -- is asked, we feel we can address ourselves to this -- as can S. 1593.

APPENDIX 38

CIVIL CODE, SECTION 232 – FREEDOM FROM PARENTAL CUSTODY AND CONTROL

232. An action may be brought for the purpose of having any person under the age of 18 years declared free from the custody and control of either or both of his parents when such person comes within any of the following descriptions:

(1) Who has been left without provisions for his identification by his parent or parents or by others or has been left by both of his parents or his sole parent in the care and custody of another for a period of six months or by one parent in the care and custody of the other parent for a period of one year without any provision for his support, or without communication from such parent or parents, with the intent on the part of such parent or parents tc abandon such person. Such failure to provide identification, failure to provide, or failure to communicate shall be presumptive evidence of the intent to abandon. Such person shall be deemed and called a person abandoned by the parent or parents abandoning him. If in the opinion of the court the evidence indicates that such parent or parents have made only token efforts to support or communicate with the child, the court may declare the child abandoned by such parent or parents. In those cases in which the child has been left without provision for his identification and the whereabouts of the parents are unknown, a petition may be filed after the 120th day following the discovery of the child and citation by publication may be commenced. The petition may not be heard until after the 180th day following the discovery of the child.

The fact that a child is in a foster care home, licensed under subdivision (a) of Section 16000 of the Welfare and Institutions Code, shall not prevent a licensed adoption agency which is planning adoption placement for the child from instituting, under this subdivision, as action to declare such child free from the custody and control of his parents. When the requesting agency is a licensed county adoption agency, the county counsel and if there is no county counsel, the district attorney shall institute such action.

(2) Who has been cruelly treated or neglected by either or both of his parents, if such person has been a dependent child of the juvenile court, and such parent or parents deprived of his custody for the period of one year prior to the filing of a petition praying that he be declared free from the custody and control of such cruel or neglectful parent or parents.

(3) Whose parent or parents suffer a disability because of habitual use of alcohol, or any of the controlled substances specified in Schedules I to V, inclusive, of Division 10 (commencing with Section 11000) of the Health and Safety Code, except when such controlled substances are used as part of a medically prescribed plan, or are morally depraved, if such person has been a dependent child of the juvenile court, and the parent or parents deprived of his custody because of such disability, or moral depravity, for the period of one year continuously immediately prior to the filing of the petition praying that he be declared free from the custody and control of such parent or parents. As used in this subdivision, "disability" means any physical or mental incapacity which renders the parent or parents unable to adequately care for and control the child.

(4) Whose parent or parents are convicted of a felony, if the felony of which such parent or parents were convicted is of such nature as to prove the unfitness of such parent or parents to have the future custody and control of the child, or if any term of sentence of such parent or parents is of such length that the child will be deprived of a normal home for a period of years.

(5) Whose parent or parents have been declared by a court of competent jurisdiction wherever situated to be mentally deficient or mentally ill, if in the state or country in which the parent or parents are hospitalized or resident, the State Director of Health, or his equivalent, if any, and the superintendent of the hospital of which, if any, such parent or parents are inmates or patients certify that such parent or parents so declared to be mentally deficient or mentally ill will not be capable of supporting or controlling the child in a proper manner.

(6) Whose parent or parents are, and will remain incapable of supporting or controlling the child in a proper manner because of mental deficiency or mental illness, if there is testimony to this effect from two physicians and surgeons each of which must have been certified either by the American Board of Psychiatry and Neurology or under Section 6750 of the Welfare and Institutions Code. If, however, the parent or parents reside in another state or in a foreign country, the testimony herein may be supplied by two physicians and surgeons who are residents of such state or foreign country, if such physicians and surgeons have been certified by a medical organization or society of that state or foreign country to practice psychiatric or neurological medicine and if the court determines that the certification requirements of such organization or society are comparable to those of the American Board of Psychiatry and Neurology.

The parent or parents shall be cited to be present at the hearing, and if he or they have no attorney, the court shall appoint an attorney or attorneys to represent the parent or parents and fix the compensation to be paid by the county for such services, if he determines the parent or parents are not financially able to employ counsel.

(7) Who has been cared for in one or more foster homes under the supervision of the juvenile court, the county welfare department or other public or private licensed child-placing agency for two or more consecutive years, providing that the court finds beyond reasonable doubt that return of the child to his parent or parents would be detrimental to the child and that the parent or parents have failed during such period, and are likely to fail in the future, to

(i) provide a home for said child;
(ii) provide care and control for the child; and
(iii) maintain an adequate parental relationship with the child.

Physical custody of the child by the parent or parents for insubstantial periods of time during the required two-year period will not serve to interrupt the running of such period.

(b) A licensed adoption agency may institute under this section, an action to declare a child, as described in this section, free from the custody and control of his parents. When the requesting agency is a licensed county adoption agency, the county counsel, or if there is no county counsel, the district attorney shall in a proper case institute such action.

Senator **Cranston**. Mrs. McCracken, I reluctantly have to ask you to summarize.

Mrs. **McCracken**. I will be glad to.

Senator, I represent what would be known as a conservative statewide privately supported agency. We have a conservative board. We have a pretty conservative staff, and yet I think in many ways we have been rather progressive in being able to change our program to meet the needs of the different kinds of children needing adoption.

I think this is one of the advantages that a private agency has. We can gear up and rev up in a hurry as the needs of children change.

We were established in 1902. The thrust of our program has always been to find homes for children. At the turn of the century we welcomed all children of all ages. Adoption was relatively a new concept in North Carolina, and I think North Carolinians, and our agency, have learned adoption together.

We, too, rode the baby boom in the forties, fifties and sixties, but I think probably why we were invited to come before this committee is that as early as 1950 our boards and staff became very much concerned about children often caught in the helpless, hopeless limbo of long-term foster care.

We began a special program of home finding for children with special needs at that time. And again, this program with a $5,000 grant from the Duke Endowment, the grant has grown since then, as has our program. We are spending about a third of our annual operating budget on this special program, which we call our interagency placement program, which serves hard-to-place children.

You know who these children are. These children are referred to us by other agencies, generally public agencies, who have children in care and no available home.

The year of 1971 was the year that things changed for us. Perhaps we were a year or two behind the east coast and west coast in experiencing the change.

Our infant placement decreased about 36 percent. Placement of children with special needs increased 124 percent over the previous year.

Placement of black and mixed race children increased 170 percent. You see our program was changing with the kind of children needing adoption. Maybe we should talk a little bit about where you go to find homes for these children.

These are not the easy-to-place children. It is a never ending task of interpreting the needs of children, and recruiting the types of special parents needed. The parents are out there. It is up to the agencies to find them.

There is no formula for placing children with special needs. Each child is different. We have learned: our staff has learned, and we have learned the hard way over these 25 years.

We have used the media widely. We have used community leaders who can help bring the needs of these children to the attention of the public.

It is a matter of cooperation with the many agencies involved. We have always felt that the role of the voluntary agency has always been one of child advocacy. The needs of children must be understood.

We must understand the dreams they covet. We must understand the fears deep within them. We must understand their limitations. These children do have their limitations. Special children require special adoptive parents. This is not an easy thing to do.

I think you will be interested in the development of our program over the past few years. I remember being told back in the mid-fifties that if we ever reached 50 percent success in placing the hard-to-place children, we could take a lot of pride in our program.

During the 8-year period from 1967 through 1974, we have placed 410 of these hard-to-place children through our interagency placement program.

Of the 410 children, we have removed 34 children from placement, and have successfully replaced 16 percent. This indicates a 92 percent success in first placement, and almost 96 percent requests, including successful replacements.

We have had to learn, but we have been able to learn.

Our program has been recognized nationally on several occasions. We have held some workshops and talked to various groups that are just beginning to get into the placement of hard-to-place children.

Now, I have submitted in writing my comments about your Senate bill, 1593. I will be glad to review them, or they are on record.

Senator CRANSTON. Since you have given them to us in writing, that will be fine.

Ms. McCRACKEN. All right.

I had some thoughts related to the Bicentennial. I do not know whether you have time to hear them or not.

Senator CRANSTON. Can you describe them briefly?

Ms. McCRACKEN. I can try real hard.

The advent of the Bicentennial gives us pause to examine our roles as advocates for children. Throughout time, adults have shown inhumanity to children. Two hundred years ago a child was an adult at age 6 and judged as such. There were common practices of child indenture, apprenticeship, slavery, endemic disease, neglect, and physical and emotional abuse, Children afforded a plentiful supply of cheap labor and working conditions were deplorable. The Society for the Prevention of Cruelty to Animals was formed before measures were taken on behalf of children.

We have come a long way in 200 years, but the road ahead remains long and possibly perilous. Today we hear much of the battered child syndrome, juvenile crime, drug abuse, and suicide. We know of children being bought and sold.

Your committee has, most commendably, been looking into this practice. As you know, there appears to be a marked increase in independent adoptions. As a representative of a licensed adoption agency, I believe strongly that the needs of children are not usually recognized in these arrangements, but rather, the pressing needs of others involved.

For example, the need of the biological mother for financial assistance or gain, the need of childless couples for the parenting experience, and the needs of the intermediary who desires to help with these problems.

It is of growing concern to our agency that, in such arrangements, the needs of children are not fully considered, nor their rights protected. Licensed adoption agencies afford many safeguards not available through independent placement.

Your committee is in a position to safeguard the rights of children through legislation and to protect children through agency adoption.

That is enough philosophy.

Senator CRANSTON. Thank you very much. That was an excellent summary.

[The prepared statement of Ms. McCracken follows:]

THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC.
GREENSBORO, NORTH CAROLINA

CONTENTS

I. Overview of the Program — Pages 1, 2 and 5

Inter-Agency Placement Program

Statistical Graphs — Pages 3 and 4

II. Comments on Senate Bill 1593 — Page 6

III. Advocacy for Children — Page 7

IV. One Special Child — Page 8

SUBCOMMITTEE ON CHILDREN AND YOUTH
COMMITTEE ON LABOR AND PUBLIC WELFARE
UNITED STATES SENATE
WASHINGTON, D. C.
MONDAY, JULY 14, 1975
ADOPTION OF CHILDREN WITH SPECIAL NEEDS

(MISS) RUTH M. McCRACKEN, EXECUTIVE DIRECTOR
THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC.
GREENSBORO, NORTH CAROLINA

It was with much pleasure that I accepted Senator Mondale's invitation to meet with you today. The Children's Home Society of North Carolina has long been committed to the placement of "children with special needs"* and I welcome the opportunity to share something of our experience in this endeavor.

The Children's Home Society of North Carolina is a statewide, privately supported, non-sectarian adoption agency which offers services in all of North Carolina's one hundred counties. The administrative office and Child Care Center are in Greensboro and we have six district offices with a competent and diverse casework staff.

Established in 1902, The Children's Home Society has placed more than ten thousand children in permanent adoptive homes. The thrust of our program has always been to find homes for children. Program emphasis has changed periodically in response to the kinds of children needing adoption. At the turn of the century, The Children's Home Society welcomed children of all ages. Adoption was a relatively new concept in North Carolina at that time and, through the experience of finding homes for children these seventy-three years, successful adoption practices and techniques have emerged.

During the 1940's, 50's and 60's, most adoption agencies reacted to the abundance of white infants, concentrating their efforts on these placements and were not forcefully engaged in the placement of children with special needs. As early as 1950, because our board and staff became concerned about children often caught in the helpless, hopeless limbo of long-term public foster care, The Children's Home Society began a special home-finding program for children with special needs. An initial grant of $5,000 from The Duke Endowment was matched with funds from our operating budget twenty-five years ago. This grant has now grown to $60,000 per year. In 1971, the North Carolina General Assembly, helped to realize both the social and economic advantage of permanent adoptive homes as an alternative to long-term public foster care, awared The Children's Home Society a $5,000 grant-in-aid. Assistance from the General Assembly is now at the $50,000 level. Our current operating budget is $642,900, approximately one-third of which is expended yearly in the placement of children with special needs. Other sources of support include the North Carolina United Way, direct contributions, and income from our small endowment.

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* "Special needs" hereinafter refers to children whose needs are special by virtue of age, race, physical, intellectual or emotional problems.

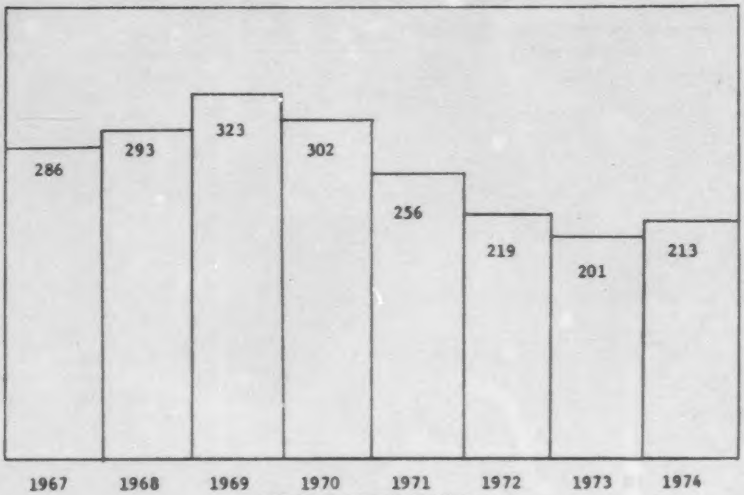
Our placement program is actually in two parts. The first part is directed toward the needs of infants released directly to our agency for adoption. It is about the second part that I now speak.

Our Inter-Agency Placement Program serves "hard-to-place" children, including those of schoolage, sibling groups, physically, intellectually and emotionally handicapped children and those of minority groups or mixed-racial heritage. These children are referred to us by other agencies responsible for children for whom no permanent adoptive home is available. Referrals generally come through the County Departments of Social Services, but we do accept referrals from other agencies also.

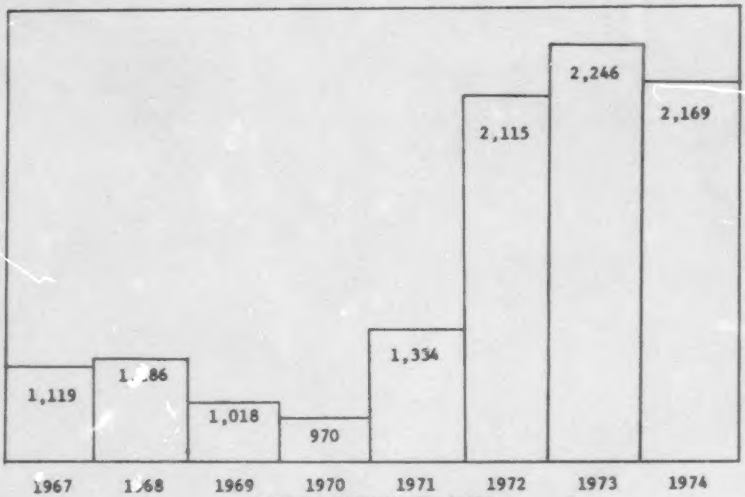
Statistical graphs on the following pages show clearly what one agency, with limited resources, can do for children---if that agency, its board and staff, are fully committed to this purpose.

The statistical material reflects, more accurately than any words, the changing trends in adoption. The total number of children placed has decreased. The number of couples seeking to adopt has dramatically increased. 1971 was the year in which we redirected our program to more effectively offer services to the children with special needs. While our infant placements decreased about 36 per cent, placements of children with special needs increased almost 124 per cent and placements of black and mixed-race children increased almost 170 per cent in relation to 1970.

THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC.
GREENSBORO, NORTH CAROLINA

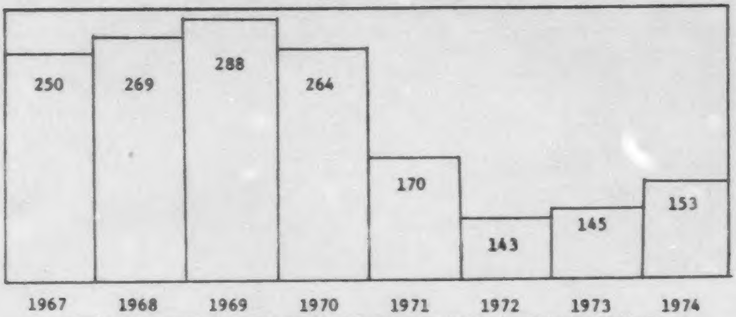


TOTAL CHILDREN PLACED

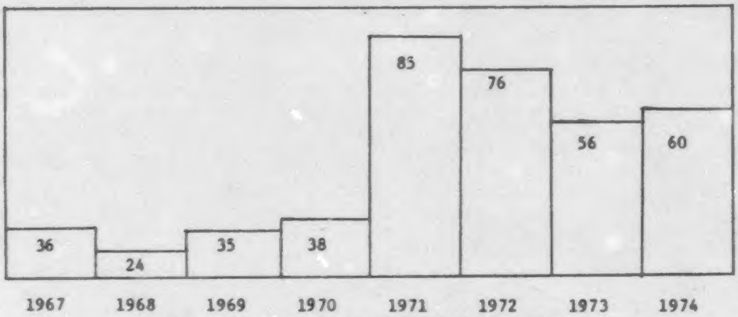


COUPLES SEEKING TO ADOPT

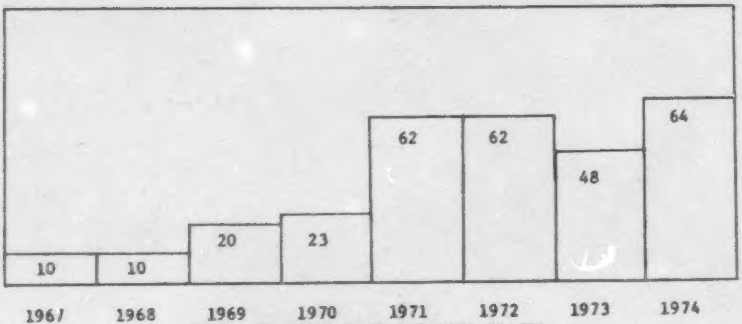
THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC.
GREENSBORO, NORTH CAROLINA



TOTAL CHILDREN PLACED FROM CHS DIRECT CARE (MOSTLY INFANTS)



TOTAL CHILDREN PLACED FOR OTHER AGENCIES



BLACK AND MIXED RACE CHILDREN PLACED

This program embodies the never-ending task of interpreting the needs of children and recruiting the types of special parents needed. The placement of these children requires different skills, more time and more money than the placement of normal white infants. It requires commitment and flexibility on the part of the staff and adoptive parents and patience in abundance. It is our belief that adoptive placements are of greater benefit to children and to the community and, while costly, are less so than the alternative of long-term foster care.

There is no formula for placing children with special needs for each child is different. The development of special skills in facilitating these placements comes only with experience and we often learn more from failures than from successful placements. The necessary ingredient is the firm conviction that every child has the right to a home and a family of his very own.

John Dewey has written "WHAT THE BEST AND WISEST PARENT WANTS FOR HIS OWN CHILD, THAT MUST THE COMMUNITY WANT FOR ALL ITS CHILDREN." Recruitment of special homes must be a community effort. The cooperation and support of the various media are crucial to the recruitment of adoptive parents. Community leaders help bring the needs of these special children to the attention of the public. Various agencies must cooperate in planning. Consultation with other disciplines is often necessary. The role of the voluntary agency has always been one of child advocacy and the needs of children must be understood. We must understand the dreams they covet. We must understand the fears deep within them. We must understand their limitations.

Special children require special adoptive parents. Welcoming a child with special needs into the home is one of the most challenging experiences of a lifetime but it can be exhausting and frustrating as well as rewarding.

As our casework staff has developed skills in helping children and families grow together, the number of successful placements has increased. I recall very clearly, back in the late fifties, being told that, if our staff ever reached 50 per cent success in placing children with special needs, we could take real pride in our program. During the eight-year period from 1967 through 1974, 410 of these special children have been placed in permanent homes through the Inter-Agency Placement Program of our agency. Of these 410 children, we have found it necessary to remove only 34 children from placement, 16 of whom were successfully re-placed. This indicates 92 per cent success in first placements and almost 96 per cent success including successful re-placements. The road has been rough but the experience has been rewarding. Our program has been nationally recognized on several occasions. Its success reflects the dedication and skill of our statewide casework staff.

I am privileged to have the opportunity to comment on Senate Bill 1593. This bill, as written, clearly shows sensitivity to the needs of children and addresses the problems of identifying children in need of adoption and taking the steps necessary to assure sound, legal adoptive placement. The following remarks would seem pertinent.

1. (Section 1401) I would endorse the appointment of a Committee on Uniform Adoption Regulations and, as a representative of an agency accredited by the Child Welfare League of America, would strongly suggest that the Child Welfare League's "Standards on Adoption" be recognized as representative of good adoption practice. I feel strongly that any adoption regulations must be predicated on two basic tenets:
   (a) Adoptive parenthood is a privilege rather than a right.
   (b) The needs of the child must be the determining factor in the choice of an adoptive family.

2. (Section 1402) I would suggest that Grants for Adoption Assistance and Services be made available directly to private non-profit adoption agencies which are qualified to deliver these services. The simplier the process, the less costly administratively. Limited funding from voluntary sources limits availability of adoption services which, in most instances, could be greatly increased with direct federal funding.

3. To prevent abuse of Section 1402 (a) (2), I suggest that the cost of providing prenatal and postpartum services to mothers be limited, as written, to those who are "voluntarily planning to place their children for adoption" with the added stipulation that the child be placed by a licensed adoption agency.

4. (Section 1403) It is my understanding that the Child Welfare League of America has recently created a National Center on Adoption under which the ongoing program of the Adoption Resource Exchange of North America will continue to function. It would be my suggestion that the National Office of Adoption Information and Services could use the full existing resources of the Child Welfare League of America in order to prevent the unnecessary expense of overlapping services and goals.

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The advent of the Bicentennial gives us pause to examine our roles as advocates for children. Throughout time, adults have shown inhumanity to children. Two hundred years ago a child was an adult at age six and judged as such. There were common practices of child indenture, apprenticeship, slavery, endemic disease, neglect and physical and emotional abuse. Children afforded a plentiful supply of cheap labor and working conditions were deplorable. The Society for the Prevention of Cruelty to Animals was formed before measures were taken on behalf of children.

We have come a long way in two hundred years, but the road ahead remains long and possibly perilous. Today we hear much of the battered child syndrome, juvenile crime, drug abuse, and suicide. We know of children being bought and sold. Your committee has, most commendably, been looking into this practice. As you know, there appears to be a marked increase in independent adoptions. As a representative of a licensed adoption agency, I believe strongly that the needs of children are not usually recognized in these arrangements but, rather, the pressing needs at the moment for others involved. For example, the need of the biological mother for financial assistance or gain, the need of childless couples for the parenting experience, and the needs of the intermediary who desires to help with these problems. It is of growing concern to our agency that, in such arrangements, the needs of children are not fully considered, nor their rights protected. Licensed adoption agencies afford many safeguards not available through independent placement. Your committee is in a position to safeguard the rights of children through legislation and to protect children through agency adoption.

The successful placement of a child in adoption has both social and economic implications, as previously indicated. Children who grow up in long-term, public foster care do so at taxpayers' expense, many times showing patterns of delinquency leading to adult crime. Years of relative instability lead to immature adults without the stable roots necessary to healthy growth and development. Children who grow up in adoptive homes which provide stability, continuity and good relationships become productive adults and contributing citizens.

It's
Great...
Growing
Into
A Home
And
Family!

CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC.

Inter-Agency Placement Program

in cooperation with

County Departments of Social Services
N. C. State Division of Social Services
The Duke Endowment
North Carolina General Assembly

Annual Report - Calendar Year 1974

One Special Child

It is hard to refrain from telling you of a great many special children who have found happiness and security through adoption. Permit me to tell you just one brief story.

Maurice was six, black and had been in foster care for about three years when he was referred to us. He was described as quiet and withdrawn, certainly not a troublemaker and a slow learner. He had been an abused child and had been removed from the care of his mother, who was mentally and emotionally unstable. Maurice learned early to be quiet and inconspicuous. He wears a large scar on his head where his mother hit him with a baseball bat for being noisy. She sat him in acid when he wet his pants.

We knew of a single black schoolteacher who had the experience of rearing her brother's family of children and habitually reached out to help others. She had asked to adopt a little boy no one else wanted, had no high expectations---just a desire to help and love a child who needed what she could give.

Maurice was described to this adoptive mother just as we knew him---quiet, withdrawn, a slow learner who would very likely not excel in school. She accepted him readily just as he was, with the commitment to him to help him be the best he could be. She has never let us forget that early description. "But you told me he was quiet and withdrawn. He isn't. He talks all the time and is the biggest tease in the world. You told me he was slow, but he isn't---he is brilliant."

Indeed Maurice did blossom like a flower, the reason being the love and concern of his very own mother, the warmth and security of his very own home. There is no way to equate the value of this to society. It is not just the money saved the taxpayer by avoiding long-term foster care---but the ideals and values instilled in the heart and mind of a child. Maurice would have grown up feeling unloved, unwanted, sullen and hostile to the world, but instead he is a happy, healthy, carefree little boy who knows he is cherished, and in him is being instilled a wholesome value system.

As this youngster said when asked what adoption had meant to him, "I feel free." Another child said it all on the day of his placement when he grinned and remarked, "At last---no more here and there."

THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC.

INTER-AGENCY PLACEMENT PROGRAM

ANNUAL REPORT - CALENDAR YEAR 1974

Prepared by: Mrs. Lucile M. Adams, Director
Inter-Agency Placement Program

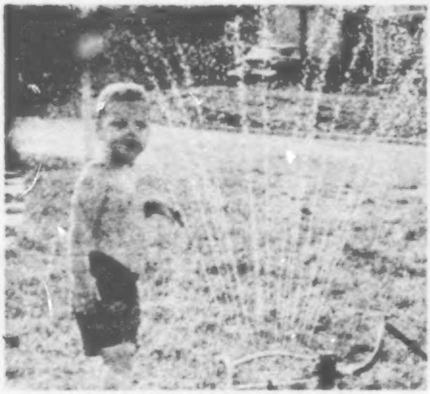
Mrs. Jean McCain Johnson
Director of Professional Services

Miss Ruth McCracken
Executive Director

A gardener knows well the worth of fertile soil, a friendly climate and loving care. A seedling struggling for life in a cold and barren land may become a tree, but stunted in its growth and with limited productivity. Tender plants crowded in thin soil fight for life but cannot thrive. Transplanted to environments more conducive to healthy growth, these life forms will flourish and bring forth flower and fruit.

A gardener knows that a plant is as healthy as its root system and that transplanting should occur when plants are small and before roots are deep and well established. Transplanting should be effected with gentleness and care to avoid undue shock. The gardener knows also that a tranquil and sometimes regressive period follows the transplant. Time is needed to adjust to a new environment and such a plant or tree does not begin to flourish until it has become a part of its new surroundings.

The gardener understands the continuing need for care and nourishment - - for staking a young tree, for pruning a shrub, for weeding around small plants, spraying, mulching, feeding and watering. All living things respond positively to consistent nurture and to loving care.



We at The Children's Home Society have something of the spirit and hope of gardeners, for in this we see a distinct and important parallel in the adoption process. A child who must be moved from his original setting is entitled to the benefit of thoughtful planning for his future in order to insure maximum opportunities for healthy growth and development. He should be moved carefully to a special home in which he can flourish in an atmosphere of warmth, acceptance, hope and understanding, but also firm limits. At this point in the process, it is the nourishment that counts - - i.e. the love, patience, guidance, encouragement, recognition of problems and needs and, also, discipline.

As in gardening, the constant nurturing needs are great and there are risks. We accept these risks as challenges as we continue to plan for children.

We view every child as an asset to our state and we concur wholeheartedly with one of our former governors who spoke so well on this subject. Governor Scott expressed the belief that every child should be given the best opportunity available to develop his talent to the fullest. He should be prepared for wherever he might go in this world today and for whatever work he might want to do in later life.

At The Children's Home Society, we believe that adoption is a means of offering some of North Carolina's children the opportunities and preparation to which Governor Scott referred.

Sixty children, formerly in the care of referring agencies, found adoptive homes in 1974. This was possible because we care and because The Duke Endowment and the North Carolina General Assembly cared enough about the plight of these children to help finance this portion of our program.

Hopefully these are permanent situations affording the warmth and stability so necessary for the healthy development of all children. As in gardening, so in adoption there are some failures, but, thus far, these have been few.

In 1974, twenty-eight per cent of all children placed by The Children's Home Society were referred by other agencies. From 1967 through 1974, 410 children have found permanent homes through our Inter-Agency Placement Program. Of these 410 children, we found it necessary to remove only 34 children from placement, 16 of whom were successully re-placed. This indicates 91.7 per cent success in first placements and 95.6 per cent success including successful re-placements.

The Inter-Agency Placement Program is an exciting venture in adoption and one which we view with optimism.

COMMITMENT to the needs of children is the key factor in this special program. The staff of The Children's Home Society has this commitment and we seek adoptive parents who share this feeling.

FLEXIBILITY is necessary not only among our adoptive parents but also our staff, the staffs of the County Departments of Social Services and other agencies involved in planning.

TIME AND PATIENCE are necessary ingredients also in the resolution of problems of adjustment.

SPECIAL SKILLS are required to help a family grow. Pediatricians, clinical psychologists, child psychologists, teachers and social workers make their respective contributions.

The role of The Children's Home Society has long been child advocacy. The placement of white infants continues to be a vital part of our program but we have been aggressive in maintaining recruitment efforts on behalf of black children, school-age children and other children whose needs are both greater and different from those of the white healthy infant. Regular recruitment and constant interpretation are vital to success, and we are grateful to the various media for their willingness to cooperate with us in this endeavor.

We continue to note positive trends. Many adoptive parents have become more flexible and responsive to the needs of children. The black community has responded positively in areas where special recruitment efforts have been made and some older black children, who have been available for adoption for several years, now have the security of permanent homes. The child of mixed-racial heritage continues to be hard to place but is becoming less so.

Twenty-three different Departments of Social Services used our services in 1974. Many more of the county agencies are placing emphasis on finding homes for children in their care and, by using the resources of The Children's Home Society, can widen the choice of homes and opportunities for each child in their care.

In 1974, members of our staff made personal contacts with the public agencies in 96 of the 100 counties in North Carolina to offer our services and to interpret the Inter-Agency Placement Program. In cooperation with 23 of the counties, 56 children were removed from public foster care and placed in adoptive homes. Thus, our state was relieved of the ongoing expense of long-term foster care for 56 children. Four additional children were placed for other agencies.

The referring counties were as follows:

Burke	(5)	Duplin	(2)	Mecklenburg	(3)	Robeson	(1)
Cabarrus	(6)	Durham	(1)	Montgomery	(1)	Rowan	(5)
Caldwell	(1)	Gaston	(1)	New Hanover	(3)	Rutherford	(1)
Catawba	(4)	Guilford	(2)	Onslow	(1)	Vance	(1)
Cleveland	(2)	Lenoir	(2)	Pitt	(2)	Wake	(5)
Cumberland	(4)	Martin	(1)	Randolph	(2)		

Two (2) children were placed for Charlotte Catholic Social Services; one (1) for Family and Children's Center in Indiana and one (1) for The Children's Home Society of Virginia. No children were placed through the Adoption Resource Exchange of North America or the North Carolina Adoption Resource Exchange.

Of the sixty (60) children placed in 1974, twenty-one (21) were white; thirty (30) were black; eight (8) were of mixed-racial heritage and one (1) was Indian-white.

There were five (5) sets of siblings placed together; three (3) siblings placed separately and one (1) set of twins placed together.

Table I gives information about the age and sex of children placed for adoption from 1971 through 1974.

Table II gives the average age at time of placement excluding infants up to two years of age.

TABLE I

AGES OF CHILDREN AT TIME OF PLACEMENT, THROUGH THE INTER-AGENCY PLACEMENT PROGRAM, FROM 1974 THROUGH 1971

	1974		1973		1972		1971	
AGE OF CHILD (Years)	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
Up to 2 Years	12	13	8	14	17	8	21	15
2 Years - less than 3	1	0	2	1	1	3	6	2
3 Years - less than 6	4	4	6	4	16	8	9	8
6 Years - less than 8	7	4	2	2	5	5	3	7
8 Years - less than 10	2	3	3	7	4	5	3	4
10 Years and Up	6	4	2	5	2	2	4	4
TOTAL	32	28	23	33	45	31	46	40
	(60 Children)		(56 Children)		(76 Children)		(86 Children)	

TABLE II

AVERAGE AGE OF CHILD, AT TIME OF PLACEMENT

(Excluding Infants up to age of two years)

YEAR	AVERAGE AGE
1974	7.75
1973	7.6
1972	6.1
1971	6.4
1970	5.9
1969	5.7
1968	4.5

The larger number of children placed in 1971 and 1972 reflects the beginning result of children becoming legally free for adoption due to the implementation of the Termination of Parental Rights law and also the recruitment efforts of The Children's Home Society.

We believe that the 1974 figure of sixty (60) children "transplanted" in one year is one to anticipate as an ongoing challenge for our limited staff, while sustaining the placements of previous years.

We are pleased that our Inter-Agency Placement Program is receiving national recognition. The Children's Home Society of North Carolina is being recognized by the Child Welfare League of America for both its efforts and its success in finding homes for "hard-to-place" children. Representatives from the Children's Bureau of South Carolina and Children's Services in Cleveland, Ohio have visited with our staff in Greensboro. Such conferences have given our staff the opportunity to share both our knowledge and experience with other agencies who seek to learn from us. The United States Bureau has recognized our efforts and the Christian Science Monitor has heralded the Society as one of four agencies in the nation with special expertise in finding homes for children with special needs.

We, at The Children's Home Society, believe that every child has a right to a family of his own and the strength and protection which a stable family affords. He needs not only financial security and good physical care but loving concern, guidance, standards and opportunities commensurate with his abilities. A child needs the opportunity to put down strong roots within the family and community which will enable him to flourish and become a productive adult. To this end we direct our program.

John Dewey has written, "What the best and wisest parent wants for his own child, that must the community want for all its children." Through the interest and support of The Duke Endowment and the North Carolina General Assembly, along with the total commitment of the staff and Board of The Children's Home Society of North Carolina and the cooperation of the referring agencies, North Carolina's children are offered new and healthy opportunities through adoption.

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VIGNETTES

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Helen had been free for adoption for almost two years when she was referred to us, a beautiful but troubled youngster of 10½ years. She had been in public foster care since the age of five years, had been in one adoptive home but this placement was not successful. Helen joined a family with three younger boys, identified quickly with all family members. She particularly needed a strong and feminine mother image and the opportunity to be a "little girl" for the first time.

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Jim and Kathy could have been lost in institutional care had it not been for the cooperative efforts of three agencies. After living with one relative after another, these siblings were placed in a group setting where they remained for almost one year. The child care institution and the County Department of Social Services agreed that adoption was a sound plan for these children, and they sought the help of The Children's Home Society. A legal problem had to be cleared first, but just a few months from the time of referral we presented information on these children to a couple who had requested two older children. These two precious ten-year-olds were welcomed in a childless family and now have the security of a permanent home. There have been many adjustments but bonds of affection have formed and the placement is secure.

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We first saw Lance when he was 11½ years of age, a child of mixed-racial heritage who had been in public foster care since the age of 2½ years. Lance was not free for adoption, however, until a termination of parental rights was obtained. Six months after his referral to The Children's Home Society and after many visits with a prospective adoptive family, Lance joined them and their four biological children. Time, understanding and patience in abundance were needed to enable this withdrawn child to trust and accept the family he had hoped for and needed for so long.

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Cherry is a cute, grinning youngster of black heritage. She was seven years of age in 1972 when we first learned of her needs, having been in foster care since the age of two months. At that time not many black families were seeking adoption and Cherry joined the list of many black school-age children waiting for homes. A black couple happend to see one of our television programs geared to the needs of black children in North Carolina and they applied to us for an older child. Four months after this home was approved, and with the cooperation of the referring agency, Cherry was in her "forever home."

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Many are the stories we could tell! These are but a few of the children whose needs have been met because there are families who care and are willing to share. Many more are waiting!

Senator **Cranston**. Mr. Toogood?

Mr. **Toogood**. I am Roger Toogood, executive director of Minnesota Children's Home Society.

Minnesota Children's Home Society has been placing children with special needs for 85 years, so we have accumulated some experience.

I think that the unique thing about Minnesota is that for the last 10 or 15 years we have been bringing children with special needs from other States into Minnesota. The actual number of children in foster care since 1963 has decreased in number instead of increased.

I think from that experiencing of bringing children, for example, Children's Home Society in Minnesota in the last 5 years has brought 179 children with special needs from 30 different States.

I think that from this experience that our agency and other agencies in the State have had that we have experienced some things which would be invaluable to the committee in their consideration of S. 1593 and in the implementation of the bill.

One of the things I am convinced is essential is a high quality of life in the States. If there are not preventive human service programs, the problem is going to continue.

Second, there has to be a philosophy on the part of the community and agency personnel that all children are adoptable; that attitude must prevail from the top down; in-service training, and the whole process must consider children.

As an agency, we have often found that the staff has less flexibility in considering the possibilities for children being considered for adoption than the families out there who have love and openness in their hearts and homes.

There has to be correct terminology. Oftentimes we refer to the youngsters as handicapped children. We have found from our experience it is very important that all of us refer to the children, first of all, as children with a special need, or children with a handicap. There also has to be a trust between agencies.

In the years of experience that we have had in working with other agencies, within our own State, and throughout the country, we have found that the social worker that has a child gets overidentified with that child; if they do not trust the agency that has the family, the child is not going to get placed. The legislation needs to provide for personal contact between a social worker who has a child and a social worker that has a family.

It is also important, and this bill, I think provides for this, that agencies be more than just placement agencies. The child cannot be just placed and then forgotten.

There has to be followup services, even after legal adoption, to make sure that the community and the agencies are providing support services.

There has to be funds. A couple of quick recommendations, and I will try to summarize them the best I can.

I think the most crucial issue in this whole issue is determining the number of children out there. Is there really 100,000 children or 200,000 children? Where are those kids? And who are they? I seriously doubt in my own mind that there are 100,000 children around the country.

I think the key factor there is trying to find those children, and legally free them for adoption.

From our experience that is one heck of a problem.

The courts and judges and our laws just do not provide for children to be easily, legally freed. I think there is some value in that, in the sense we have to try to support and maintain family life.

At the same time, I think we have reached a point in history, in our country, where we have to put the rights of children before the rights of parents when the parents are not fulfilling their parental responsibility.

Testimony has been given about parents who send Christmas cards, and as a result of that the courts are hesitant to terminate parental rights. That has to change.

The book "Beyond the Best Interests of the Child," which has been referred to already, expresses the concept of the psychological parent rather than biological parent. I think laws across the country have to be analyzed and looked at in the sense of freeing these children.

That is the only way this bill is going to be effective, and that these kids are going to be identified, and placed in permanent adoptive homes.

At the same time, there has to be improved health insurance so that families can take on the responsibility of children with special needs, and not be handicapped in the sense of the cost, tied in with subsidized adoption laws which many States have.

I would also recommend that a Federal income tax deduction be passed so that families that are taking these children can get reimbursement on their income tax for the expenses they incur.

I do not know if there has been any legislation introduced on that basis in the Senate. I know there has been in the House.

Title 20 has been referred to as a very important piece of legislation having some potential for helping in the problem. There is a need for expansion of funds there, particularly for States like ours, where we are at our maximum usage of money.

If there could be some way that the money which States are not using could be shipped into Minnesota and other States, that would be helpful.

There is also the need for expansion of the Adoption Resources Exchange of North America; that organization has done a fine job in meeting the needs of children and helping bring agencies together that have both children and families.

Lastly, a strong recommendation for the Opportunities for Adoption Act, which I think is excellent: I give 100 percent support to it. We will do anything in Minnesota that we can to help get it passed.

Senator CRANSTON. Thank you very, very much. Your suggestions are very helpful, and I certainly appreciate your support for S. 1593.

Legislation has been introduced concerning the income tax deduction. I am a cosponsor of it. I hope we can move it along.

I am very hopeful about S. 1593. I regret that I [illegible]ot have time to ask you questions. We do have to stop now.

The next hearing will be Friday. We do have some questions we will submit to you in writing. Please have your answers back within 2 weeks, so that we might be able to include them in the record.

Thank you very much for sharing your expertise with us.

[The prepared statement of Mr. Toogood follows:]

PREPARED TESTIMONY
FOR
UNITED STATES SENATE SUB-COMMITTEE ON CHILDREN AND YOUTH
REGARDING
CHILDREN WAITING FOR ADOPTION

July 14th, 1975 - Washington, D.C.

Since the first White House Conference on Children and Youth in 1909, people have been talking about the needs and rights of children. No group of children in America are in greater need, nor have greater opportunity, than those who are homeless. The 100,000 to 120,000 children in America in need of permanent adoptive planning is a challenge to all concerned citizens, professionals, and, particularly, those involved in the political process.

As Executive Director of a statewide, nonsectarian, child and family service agency that has been placing children for adoption for 85 years, I am most pleased to have the opportunity to appear before Senator Mondale's Committee and to share some reflections regarding the Minnesota experience and our agency, in particular, relative to the children who have special needs and who are waiting for permanent adoptive homes. Throughout our land, there are great accomplishments occurring by a variety of public and private agencies in being able to place children through the recruitment of willing adopting couples. I think, however, the Minnesota experience may be somewhat unique in the sense that we have, for some years, been importing children from other states in to Minnesota. This has not always been the case, however, because back in the late 1950's, Minnesota had approximately 2,000 children under guardianship of the Commissioner of Public Welfare who were legally free and who were not getting placed for adoption. At that time, a concerted effort was made by both public and private agencies to find permanent adoptive homes for these children. A community-wide public education effort was put on and through hard work and a skillful approach, these children, in a short period of time, were placed. The experience and success that occurred in those years, resulted in the search for additional children in surrounding states who might benefit from the loving capacity of families that had found adoption a successful and joyful experience. It might be of interest to the committee to know that since 1960, Minnesota has imported 5,656 children for the purpose of adoption. The Children's Home Society, as just one of many agencies in the state, has, in the last five years, placed 345 children from nine different countries and we also have placed 179 children from 30 different states here in the United States. All of these children, during these past five years, would fall into the category of "special need" youngsters. We are obviously not alone as an agency, or as a state, in being able to find homes for children in need of adoption who are waiting in some other state. Our experience points up some basic concepts which may be of value to this sub-committee in the formulation of suggested legislation for helping to find permanent adoptive homes for those children in America who are waiting. In an effort to over-simplify a most complex process, I would suggest that the following philosophical, or conceptual areas have been a significant part of the success that we have experienced in our state:

(1) Minnesota has always been known for its high quality of life. Outstanding human service programs, obviously, are a preventative and deterrent to children having to be removed from their parents. The quality of our social service programs normally results in children being able to be returned without long delays in foster care or an institutional setting. This is not to say that we are not without our problems and our weaknesses,

because we certainly have them, and they seem to be growing in magnitude as we look into 1976.

(2) Since the late 1950's, there has been an attitude amongst the professionals dealing with adoption, that all children are adoptable. This may seem quite simplistic, but it becomes crucial from the Executive on down to communicate to staff and to the community that all children are adoptable. It has been our continued experience that potential adoptive families have a greater capacity and a greater ability to accept a child with handicaps than most professional agency people readily comprehend. The philosophy that all children are adoptable is a key point which would affect legislation from the point of view of in-service training, skills, and implementation of programs.

(3) Connected with the correct philosophy and attitude toward these children is also the utilization of terminology which helps to communicate to the public at large and particularly to potential adoptive parents a sense of the value of these children. Of particular note in this area is the simple matter of not referring to the child as a "handicapped child". Efforts have been made to refer to youngsters as children, first of all, who happen to have a handicap, or special need. This helps potential new adoptive parents focus first upon the child and then later upon the handicapping condition, regardless of what it might be.

(4) The development of trust between the agency and staff having responsibility for the child and the agency, or staff, working with the potential adoptive couple is crucial in getting an actual placement accomplished. Too often,

from our experience, a child remained in foster care needlessly because of the over-identification of the child's social worker, or the inability of either agencies or staff to have confidence in each other's abilities to the point that placements could be quickly facilitated. It was only through experience in developing close working relationships through actually placing children that within our state this hurdle was overcome and through experience has been overcome in working with agencies throughout the country. It should be noted that the Child Welfare League of America, through its Adoption Resource Exchange of North America, has greatly helped in facilitating a working and trust relationship between agencies. Whatever legislation is passed should encourage meaningful contact among those agencies having the resource of families and those agencies with the children who are in need to get placed.

(5) It is crucial that agencies providing adoption service are more than just placement agencies. The placement of children with special needs who are waiting are youngsters normally who have a multiplicity of problems which are not going to be easy to cope with. It is, therefore, essential that the agencies providing the service know what they are doing and have staff with the appropriate experience and skill so that the families can be adequately prepared and that once a child is placed, that they not be forgotten. We have a responsibility to see that the child is actually integrated into his new family circle and community. This means a high level of competent service after the placement of the child and after the legal adoption has been completed. In line with this,

there have to be the FUNDS available so that there cannot only be qualified staff to carry-out these objectives, but also staff that have the time to do public education in the community so that the public health nurse, teacher, and other people help to facilitate, rather than to destroy, the placement of a child with special needs. Many placements have either been prevented or have been ruined because of the lack of knowledge and understanding and acceptance of adoption by the social worker, the family's doctor, or by the child's teacher, or by someone else that plays a significant community role.

(6) Having adequate funds is so essential that it shouldn't even have to be mentioned. The reality, however, is that many agencies are either discontinuing the provision of adoption service, or are cutting back at a time when the "waiting" child is in need of ever increasing services. With the decrease in the number of infant-Caucasian youngsters, adoption has taken on less significance by many agency boards and even the United Ways, at least in our communities. The United Way, for example, in Minneapolis and St. Paul, have listed adoption as the lowest priority service out of 70 that's offered by their agencies. Without adequate funding, it is impossible to bring together the waiting human resource of a family in Minnesota together with the waiting human need of a child in Texas. Local funding groups cannot see the need to increase local taxes or charitable gifts for a child that is not their responsibility and may be a thousand miles away. We have been fortunate, however, in Minnesota to have had fair public and voluntary support of adoption services, as well as, having, since 1969, a subsidized

adoption law. This adoption law provides county and state money to the adopted parents for any child who is a ward of the Commissioner and who has serious financial costs, which otherwise would prevent the youngster from being placed. At the present time, the law in Minnesota is working fairly well for 72 children, but could be more successful if there were total Federal funds going into the project.

The above factors, plus many other variables which I have not covered, have all together made it possible for our state not only to place the local children , who every week and every month become legally free for adoption, but also to help place hundreds of children from other parts of this country and the world. Many great things are happening in many other states throughout the United States. The future looks bright, at this point, in the sense that legislation is being contemplated here in Washington, which might have some long-range impact in bringing about a real solution for the children of this land who are homeless. In addition, the establishment of the National Center on Adoption, under the Executive Directorship of Betsy Cole, gives some hope that the good things that are happening in America can be shared from one agency to the next and that increased leadership will help all States to share their knowledge and their successes. The problem, however, is not simple because there is still a lack of clarity as to the specific number of children that are indeed waiting for adoption and who and where these youngsters are.

In addition to the suggestions made previously, I would make the following recommendations:

(1) FREE CHILDREN MORE QUICKLY FOR ADOPTION:

In 1971, there were 330,000 children in foster care in the United States. As you well know, from your previous committee hearings, many of these youngsters are lost in limbo and are not getting legally freed because of all sorts of complications. It is clear that we need a national tracking system and we need sufficient monies so that youngsters do not get into foster care and never get out.

Although every effort needs to be made to maintain family stability and not to disrupt families, a time has to come when the rights of children are paramount to the rights of parents and, thus, a change has to be made in our laws and in our court procedures which will help to facilitate the legal termination of children who no longer have any type of meaningful relationship with their biological parent, or parents. Reference should be made to the recent book by Goldstein, Solnit and Freud, entitled: Beyond The Best Interests Of The Child. In this book, the authors indicate that the child's needs should be paramount in legal proceedings and that the biological parent does not have a natural, or unconditional right to custody, that the psychological parent, namely the adult with whom the child has formed the strongest attachment, should be given legal priority in custody decisions. In essence, there is a need for our legal system to reconsider and to reform the child-placement statutes and practices.

(2) IMPROVED HEALTH AND MEDICAL INSURANCE:

Although subsidized adoption laws do provide some great assistance, a national program of medical insurance for children with handicaps who are adopted would greatly facilitate the placement of many of these youngsters. A compelling example comes from the foreign adoption experience where many youngsters from Korea and Vietnam with severe handicaps found their way with families in the Scandinavian and European countries who had national health insurance. There was a clear example of where the families had the capacity to take the children and offer them permanent love as long as they didn't have to worry about the handicap of great medical costs. We could do the same for our own American children. The situation is that under our current system, the county, state, or federal government are picking-up the costs anyhow through different types of welfare programs.

(3) FEDERAL INCOME TAX DEDUCTION:

At the present time, there is no provision for federal income tax deductions for expenses connected with adopting a "waiting" child. The State of Minnesota, for example, has a State Income Tax Deduction for expenses up to $1,250.00. This kind of incentive would be a positive movement toward encouraging more families to consider the children with these special needs.

(4) TITLE XX:

Title XX, which is going into effect on October 1st, 1975, could provide added monies for adoption service if the state plans in local governmental jurisdictions identify adoption as a mandatory service. In the State of Minnesota, even though this has been done, the fact that the state is utilizing its maximum dollar amount, prevents any expansion of service for waiting children or the families in our state who could provide homes for youngsters in other parts of the country. It is suggested that something be done nationally to either expand the maximum Title XX monies, or to allow shifting from those states who are not using their maximum dollars to those who currently are using all of the Title XX monies.

(5) EXPANSION OF ARENA:

The Adoption Resource Exchange of North America has been a successful program in helping to bring together children who are waiting and families who can provide adoptive homes. This program, although it has been supplemented by state exchanges as well, is in need of continued and long-lasting support if children are going to be located and if a trust relationship can be developed between agencies and staff.

(6) OPPORTUNITIES FOR ADOPTION ACT:

The "Opportunities for Adoption Act", which was introduced on April 29th, 1975, under Senate File 1593, embodied positive objectives and goals which would set about correcting many of the weaknesses that currently exist and that prohibit "waiting" children finding adoptive homes. This Bill, or a similar one, needs immediate attention if politics are going to work on behalf of children.

In conclusion, I would say, every child, whatever age or race, has a right to grow-up with permanent loving parents. The silent call of homeless children is to all men and women of good will to see that neither apathy nor prejudice, neither custom or geographical boundary, shall prevent them from receiving their God given-right.

Roger W. Toogood, ACSW
Executive Director,
Children's Home Society of
Minnesota

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Senator CRANSTON. We will adjourn until Friday.

[Whereupon, at 11:30 a.m., the subcommittee adjourned, to reconvene at 9:30 a.m., July 18, 1975.]

ADOPTION AND FOSTER CARE, 1975

Adoption of Children With Special Needs

FRIDAY, JULY 18, 1975

U.S. Senate,
Subcommittee on Children and Youth,
Committee on Labor and Public Welfare,
Washington, D.C.

The subcommittee met, pursuant to recess, at 9:32 a.m., in room 4232, Dirksen Senate Office Building, Senator Alan Cranston presiding pro tempore.

Present: Senators Cranston and Stafford.

Senator Cranston. The hearing will please come to order.

This morning's hearings are the second in a series focusing on the adoption of children with special needs, and on S. 1593, the proposed Opportunities for Adoption Act of 1975. This series opened earlier this week on July 14.

In addition, earlier this year the Subcommittee on Children and Youth began a broad-based inquiry into adoption practices in the United States. In April, it held 2 days of hearings on the subject of babyselling, and later on in the year it will schedule hearings on additional aspects of adoption, including the relationship of the foster care system to adoption and the role of the Federal Government in supporting adoptive placements and pre- and post-placement services.

We are particularly grateful to Senator Mondale, chairman of the subcommittee, for his leadership in undertaking this inquiry into adoption practices. Since Senator Mondale's schedule prevents him from being here for the entire session this morning, he has asked me to chair these hearings and I am delighted to do so.

As the author with Senator Mondale and others of S. 1593, I am particularly interested in these proceedings. I need and want the suggestions of each of this morning's witnesses on how to make S. 1593 as effective as possible in helping to facilitate the adoptive placement of children with special needs.

When we introduced this measure on April 29, we were joined by the chairman of the full committee, Senator Williams, the ranking majority member, Senator Randolph, and the committee's newest member, Senator Laxalt. We were subsequently joined in sponsorship by Senator Pell, Senator Church, Senator Domenici, Senator Humphrey, and Senator Inouye.

S. 1593 is the only pending Federal legislative proposal addressing the issue of adoption of children with special needs. It would provide prospective adoptive parents with the support necessary to enable them to meet the challenges and responsibilities of raising a child with special needs.

Our bill defines children with special needs as those individuals between the ages of birth and 18 years who are physically, emotionally, or mentally handicapped, members of a sibling group, children having other impediments, including age, to their adoption, or children for whom an adoptive placement has not been made within 6 months after such child is available for adoptive placement.

In addition, S. 1593 would provide inducements to States to review their existing laws and regulations dealing with adoption, to update them where necessary, and to coordinate them with the laws and regulations of other States so that longstanding barriers to interstate adoption could be removed.

Further, it would provide Federal support for a nationwide computerized adoption information exchange system such as is now being operated by ARENA—the Adoption Resource Exchange of North America. And it would provide for the establishment of a National Office of Adoption Information and Services which would be responsible for, among other things, the coordination of all Federal programs which would bear on adoption and foster care.

During last Monday's hearing we received suggestions for additions to the bill. Most notable was the need for funds for staff and staff training for local agencies.

I will ask all the witnesses this morning for their suggestions on how the legislation might best be revised.

OPENING STATEMENT OF SENATOR ALAN CRANSTON

Mr. Chairman, we are all grateful for your leadership in calling this series of hearings on adoption, and particularly this week's sessions to focus on the problem of adoption of children with special needs. The children and youth subcommittee continues to make a significant contribution to solving some of the problems confronting our younger citizens.

Mr. Chairman, on April 29 you and I, along with our colleagues on the committee, the chairman, Senator Williams, the ranking majority member, Senator Randolph, and the committee's newest member, Senator Laxalt, introduced the proposed "Opportunities for Adoption Act of 1975", S. 1593. We were subsequently joined in sponsorship by Senator Pell, Senator Church, Senator Domenici, Senator Humphrey, and Senator Inouye.

Our bill is the only pending Federal legislative proposal addressing the issue of adoption of special needs children, and providing prospective adoptive parents with the support—both financial and counseling—necessary to enable them to meet the challenges of raising a child with special needs. Our bill defines children with special needs as those individuals between the ages of birth and 18 years who are physically, emotionally, or mentally handicapped, members of a sibling group, members of a minority group, children having other impediments (including age) to their adoption, or children for whom an adoptive placement has not been made within 6 months after such child is available for adoptive placement.

It would facilitate moving these children from institutional or foster care placements to adoptive placements—in some cases with the loving foster parents who have cared for them for years—by encouraging States to set up adoption subsidy assistance programs, and providing Federal financial assistance to States for this purpose. For the long range, it would help to break down the barriers to interstate adoptive placement provide for the funding of a computerized adoption information exchange system, and thereby help to match prospective adoptive parents with children in need of adoption throughout the United States.

Mr. Chairman, the companion measure to S. 1593 has been introduced in the House of Representatives by Congresswomen Yvonne Burke, a fellow Californian and good friend. I am delighted that Mrs. Burke will be testifying at these hearings. She is committed to trying to get action on this measure in the other body and to securing its enactment. I look forward to her valuable contributions to our deliberations in this committee.

I am also particularly delighted to welcome as one of our panelists this morning, the deputy director of the Los Angeles County Department of Adoptions, Helen Ramirez. With her leadership, and the leadership of the department's former and current directors, Mr. Walter Heath and Mrs. Lenore Campbell, respectively, the Los Angeles County Department of Adoptions has made enormous progress and has set an example for other public adoption offices in tackling some of the complex problems which have arisen over the past 5 years in the adoption field. With the scarcity of healthy infants available for adoption, the Los Angeles Department of Adoptions has been developing new programs geared toward placing children with special needs, and toward locating and freeing for placement those potentially adoptable children who have been lost in long term institutionalization or foster care. Ms. Ramirez will have a fascinating account to report to us of her department's very fine work.

By making mention of my fellow Californian's, Mr. Chairman, I in no way want to overlook the important contributions which will be made this morning and during the hearing scheduled for this Friday, July 18, by each of the witnesses to appear before us. Many of them worked with our staff as it was drafting the proposed "Opportunities for Adoption Act," and I wish to thank them again for their assistance. We will be hearing from adoptive parents and children. We need and want to have their advice on what role the Federal Government, and in particular, the Congress, should assume in providing all possible support to locating adoptive homes for the more than 100,000 children in need of adoption throughout the United States today.

Our first witness is Alfred Herbert, director, Black Adoption Project, Black Child Development Institute, accompanied by Evelyn K. Moore, Executive Director, Black Child Development Institute.

STATEMENT OF EVELYN K. MOORE, EXECUTIVE DIRECTOR, BLACK CHILD DEVELOPMENT INSTITUTE; ACCOMPANIED BY ALFRED B. HERBERT, JR., ADOPTION PROJECT DIRECTOR, BLACK CHILD DEVELOPMENT INSTITUTE

Ms. MOORE. Good morning, Senator Cranston.

My name is Evelyn K. Moore. I am the executive director of the Black Child Development Institute. I am happy to respond to your invitation to testify here today.

Accompanying me is Mr. Alfred B. Herbert, Jr., who is the adoption project director for the institute.

The Black Child Development Institute is a nonprofit national advocacy organization concerned with the human development and rights of black children. The Black Child Development Institute is currently active in 27 States, conducting programs geared toward organizing and assisting community groups to improve the quality of their child development and child welfare programs. The institute also monitors national, State, and local legislation, and conducts research aimed at developing sound theories on the development of black children.

In 1971, knowledge of the fact that there were approximately 40,000 black children without permanent homes and there were relatively few organizations designed to alleviate the problem, influenced the Black Child Development Institute to establish a project concerned with the adoption of black children.

For the past 4 years, the Black Child Development Institute has conducted a nationwide effort to inform black communities of the problems of black children in need of adoptive homes while simultaneously organizing these communities to form permanent mechanisms to challenge and constructively change the adoption situation, and to continuously advocate the right of every black child to a home in the black community. The institute has initiated activities in 10 major cities across the country. These cities are: Baltimore, Md.; Los Angeles, Calif.; Chicago, Ill.; Houston, Tex.; New Orleans, La.; Boston, Mass.; Memphis, Tenn.; Indianapolis, Ind.; Dallas, Tex., and Cincinnati.

In addition to our activities in this country, the Black Child Development Institute was also active in the plight of Vietnamese orphans who were fathered by black Americans.

Toward this end, Mr. Alfred B. Herbert, Jr., who will present the substance of our testimony, led a delegation to South Vietnam in 1974 on a factfinding tour regarding the status of black/Vietnamese orphans. During the past 2 years the institute provided leadership in the development of a program to find black families for the black/Vietnamese orphans in need of intercountry adoption.

From our national and international experiences, we have found that black children are constantly involved with services that do not meet their needs. It must be understood that the development of adoption services in this country has been basically for the benefit of white society.

Historically, the first adoption agencies were established to provide children for couples who could not have their own. These were, for the most part, white, middle income couples and the children from white upper or middle income unwed mothers.

As these agencies developed, the design of their services was based on the needs and culture of this population. As a result, our children have been in a system completely alien to them.

At this point, I would like to introduce to you Mr. Herbert who will share with you our perspective of the problems that black children in need of adoptive homes face and our analysis of the proposed legislation.

Mr. HERBERT. The impression drawn from our experiences is that the system of adoption is a tragedy for any child who is of school age and has been in foster care for more than a year.

For any black child in the same circumstances, it is a disaster. Although there are no accurate statistics on the number of children available for adoption in the United States, estimates range from 120,000 to 150,000. This group of children are over 5 years of age and mentally or physically handicapped. In view of the fact that there is little or no difficulty in placing infants of any race, it becomes clear that the adoption system does not do an adequate job of finding homes for older or handicapped children.

Yet when the experiences of black children within this system are examined, one feels that our children are placed more by accident than by design.

Although black children comprise approximately 40 to 50 percent of the children available for adoption, our children are placed at a far lower rate than white children.

Information that we obtained and reviewed on the adoption of black children revealed the following statistics:

First. A survey of 345 adoption agencies revealed that they placed a total of 29,809 children in 1973. Of this total, there were 4,655 black children placed.

Second. Although black children comprised slightly less than 17 percent of all children placed, they comprised 40 percent of the backlog of all children who had been waiting for adoption for more than 30 days.

Third. A comparison of the total number of adoption placements for the years 1972 and 1973 revealed that there was a 15-percent decline in 1973. The rate of decline for black children was 20 percent greater than for other children.

We have found that the problem lies not with the children or the black community where the potential adoptive families are. The problem lies within the child welfare system which has the basic responsibility for providing permanent homes for all children in need of them. We have found that the structure, organization, and orientation of the child welfare system throughout this Nation constitutes a direct barrier to the adoption of black children.

First of all, the majority of energy and resources are concentrated in foster care. Staff and financial resources are deployed more heavily in foster care than in preventive services or adoption services, both which connote a permanent home.

Second, the part of the child welfare system which the recruitment of families and placement of children, the adoption agencies, are entrenched with policies and practices which render them completely inadequate to providing services to black families.

As black children are overrepresented in the number of children waiting for adoptive homes, black persons are severely underrepresented in the number of persons determining the policies of these agencies and conducting the programs.

In the 10 cities that we have been active in, we found that blacks comprised less than 20 percent of the total number of social workers in adoption agencies. Black supervisors comprised under 5 percent of the supervisory staff in agencies. In Dallas, Tex., we found in 1974, that there was only one black social worker employed by any of the six adoption agencies in the city. Yet there were 571 black children in care, 51 percent.

At the board of directors level where the policies of the agencies are made, aggregate statistics from the 10 cities reveal that blacks comprise less than 15 percent of the agency boards of directors while whites made up more than 85 percent of such boards.

At conferences we held in these cities, there were numerous black persons attending who wanted to adopt and were met with unyielding policies and practices that denied them an opportunity to adopt a black child.

Chief among their complaints were the bias of caseworkers, extended waiting periods, unfair requirements such as not permitting mothers to work, extensive redtape, and high agency and legal fees.

Their complaints are further substantiated by the experience of the Interagency Vietnam Adoption Committee, an organization that was developed to find black homes for black/Vietnamese children. Over the course of one week, during the orphan evacuation, this organization received 135 applications from black families. Over 60 percent of these families reported that they had resorted to intercountry adoptions out of frustrating experiences with domestic adoption agencies.

Basically, adoption agencies reflect a combination of racism, traditional social work practices, and mores and values of the white community; yet give little or no credence to the culture, needs, and lifestyles of black people.

There are efforts taking place in the black community to provide our children with permanent homes. In addition to the advocacy groups we have organized, black adoption agencies have begun to develop.

At the present time, there are three black adoption agencies in the country. These agencies, Afro-American Family and Community Services in Chicago, Harlem-Dowling Children's Services in New York, and Homes for Black Children in Detroit, were conceived, designed, managed and predominately staffed by the black community. Despite constant struggles to be accepted and funded, they have all performed outstanding services for black children.

The experience of Homes for Black Children perhaps best typifies these efforts.

In 1967, 13 adoption agencies in Detroit placed a total of 93 black children in adoptive homes. During its first year of operations in 1969, Homes for Black Children placed 100 black children in black homes within 10 months.

After 2 full years of operation, the staff of that agency placed 238 children. By the end of 1974, Homes for Black Children had placed well over 500 children.

Despite this overwhelming success, there have been no major efforts by funding sources or white agencies to replicate the model of Homes for Black Children or its practices.

Some of the reasons why traditional adoption agencies have failed our children and why agencies like Homes for Black Children have succeeded can be found in the following quote from a report from Homes for Black Children:

> Most of our—families are ordinary people who work hard, manage to cope with their daily lives and are virtually unknown in their human complexity to white people, particularly white people who are not likely to come into intimate daily contact with the black world. It is our estimation that the average white social worker who is conditioned psychologically to view them as oversimplified stereotypes, would dismiss many of our families as simply not having the qualifications which their agency has set up to judge who should or should not be parents. Yet, these are the backbone of the black community; they are the majority within the minority, and they deserve the best professional and most sensitive services that any agency in the community has to offer.

It is the belief of the Black Child Development Institute that major reforms are needed if black children are to receive the quality adoption services they deserve. We feel that Senate bill 1593 has the potential of providing the leadership necessary to perform this task. For it to be viable, there are two modifications which we propose:

One: The establishment of a committee on uniform adoption regulations in section 1401 can be a vital instrument in the reform effort. It can also be a perpetuator of the regulations, statutes, and concepts of practice which have worked against the best interest of black children. We feel that members of the black community should be an integral part of the shaping of these new policies. As written, the language on the composition of the committee is not specific in relation to the inclusion of black members.

Therefore, we recommend that this section contain specific language relating to the ethnic and racial composition of the committee.

The percentage of members for any specific ethnic or racial group on the committee should be the same as the percentage of any specific racial or ethnic group in the total population of children waiting for adoption.

There should also be a mechanism for recommendations from citizens to the secretary of persons to serve on the committee which should be mandated in this section. The legislation should also require that before members are appointed to the committee, their names should appear in the Federal Register in order to permit citizen comment.

Two: In section 1403, "National Office of Adoption Information and Services," we strongly feel that the functions of this office should be expanded to include that of establishing a national data gathering and analysis system.

At the present time, there is no mechanism in existence to provide exact information on the number of children being adopted, those in foster care, that are legally free and those who are not. Such information could supplement the other functions of this office.

Finally, we strongly support the concept that the authority for this program should reside with the Federal Government. States have demonstrated such a poor track record in providing permanent homes for our children that it is time to attempt another approach.

In conclusion, we would like to commend the sponsors of this bill which is the first substantial adoption legislation that could benefit black children as well as other children. We again appreciate the opportunity to give our input which we are certain will be given serious consideration.

Senator **Cranston**. Thank you very much.

I very much appreciate your very helpful testimony.

Do you have any idea what percentage of children with special needs who are available for adoption are black?

Mr. **Herbert**. Yes.

The estimates range at this time from 40 to 50 percent. But these are children who are available, that are legally free for adoption.

There is a large pool of children in foster care who are not legally free, who would potentially be adoptable.

That number is unknown.

Senator **Cranston**. Can you guess what percentage of those children are black?

Mr. **Herbert**. We do not know how many, but we would suspect that the population would be pretty close the same as it is for the number that are available for adoption, since they have a very difficult time moving out of the adoptive pool that we would suspect the same thing would apply to foster care.

Senator **Cranston**. What steps does your project take to recruit or locate potential adoptive parents who are black?

Mr. **Herbert**. We do not do any of the direct activity ourselves, that the advocacy groups that we organize do, but these groups are involved in recruiting black families, they rely on several things.

One is the media. In terms of the media, I think that they use both realistic appraisals of the children that are in care, not using babies on television, but older children who are in need of adoption.

The other thing is, that they rely a great deal on person-to-person contact in the black community, that they sponsor a good number of community meetings.

They go to shopping centers, bars, to put out information to have talks with the community.

The final thing that is done which has proven successful in a couple of cities that we are working with, that is, to have what is called socials, or community teas, in which several of the potentially adoptable children come to a home or facility at a picnic setting and meet with the parents who might be interested in adoption.

In this kind of setting both can get a feel of the other.

Of the cities that are doing this kind of thing, of the groups that we are working with, they have mentioned that they have been successful kinds of things.

Senator **Cranston**. Do you feel that the foster care system hinders adoptive placement of children?

Mr. **Herbert**. Very definitely.

I think foster care, without getting into great debate or dialog on it, foster care is as atrocious as some of the things that are going on in adoption.

I think just basically once it all gets into foster care, it is very difficult for the child to get out.

Here in the city, in the District of Columbia, the average length of time for a child in foster care, is 7½ years, which means, too, that the longer a child stays in foster care, the more difficult it is for him to be adopted.

Consequently, there are not the things going either legally or from case workers practice which would either get kids back to their natural homes or to get them into adoptive homes.

Senator CRANSTON. What is your thinking on the question of whether adoption subsidy-agreements should continue as long as necessary or have a predetermined cut off date?

Mr. HERBERT. We would very strongly advocate that they continue as long as necessary.

It is not any type of guarantee that the financial situation of a family would change over a period of time that the child is in the home, and also there is a cutoff date and the family is still at the same income level, that this is going to create all kinds of financial problems for them and ultimately, possibly, could hurt the child.

Senator CRANSTON. In addition to your recommendation about the composition of the Committee on Uniform Adoption. Regulations, if you have any other thoughts as a consequence of these hearings on the specific legislation, would you please submit those to us in writing as soon as you can?

Mr. HERBERT. Sure.

Senator CRANSTON. Two weeks from today is when we have to have them.

Thank you very much.

It has been very helpful to have you with us.

Mr. HERBERT. Thank you.

Senator CRANSTON. Our next witness is Peter Forsythe, vice president, Edna McConnell Clark Foundation of New York.

Mr. Forsythe, I would like to ask you, and I will ask the other witnesses, to please summarize your statement in about 5 minutes, so that we will have more time to dialog and questions.

Your entire statement, of course, will go into the record at the conclusion of your testimony.

STATEMENT OF PETER W. FORSYTHE, VICE PRESIDENT, EDNA McCONNELL CLARK FOUNDATION, NEW YORK, N.Y.

Mr. FORSYTHE. Thank you, Senator.

I will try to do that.

Mr. FORSYTHE. It is a pleasure to have the opportunity to appear before the committee.

I would like to commend the committee's attention to a serious and difficult problem in foster care and adoption, which I think are certainly solvable within the available information and resources at hand, and simply lack of attention has prevented their solution to date.

The Edna McConnell Clark Foundation has several major philanthropic programs, but the management ability is one for the program regarding children.

The focus of that program is to try to increase the number of children who are in permanently stable families in this country and objectives similar to that which is perceived by the committee in this inquiry.

The children are, as indicated in Senate bill 1593, the older handicapped children and those who are waiting for adoption by whatever specific definition.

I think the definition in 1593 is a good definition, and the emphasis seems to be as is contained in that definition and the time for which they are waiting, because specific characteristics vary from community to community, and over time.

I am sure the committee is aware there is a larger picture of which this adoption problem is only one part.

The children are removed from families where they need not have been removed, because we do not pay sufficient attention to keeping intact families supported in an appropriate way.

We are lax in our attempts to reunite children with their families once they have been removed.

There are a number of techniques now known but not likely followed to keep in touch with families, to encourage reuniting, so these children can have a permanent family.

Some of the children cannot return. And it is on those children that the committee testimony focuses today.

These children's problems begin with a legal system that makes their freedom for adoption difficult because we are overly sensitive about parents' rights and children's rights. We allow "paper" parents to hold onto children.

This is not only extremely costly to the public and private support in this country, in terms of dollars, but extremely costly to the well-being and future of those children.

Once they are freed, once that system makes them available for adoption, recruitment for placement takes place.

Here we are still not doing a good job, though we know precisely what needs to be done and the steps are simple.

The problem to date has been to get enough attention from the policymakers, those with the ability to fund these services with those few simple steps in practice.

Adoption is for children.

The very basic issue that is not resolved in policymakers' minds is that adoption is for children and not for parents.

Parents are part of the answer to the problem, not part of the problem itself. Much we do focuses on the parents rather than on the children who have been deprived of parents and for whom the services should be designed.

I believe adoption services need to be an integral part of the total services system. It is a mistake to separate them out and make them the subject of a separate political consideration, separate appropriation, wherever it is possible to make them an ongoing part of the overall protection for children.

The Federal Government has long had programs for dependent children focused on keeping families strong.

What it has only recently realized is that for children who cannot remain in those families, new families should be sought with equal vigor, since the national objective can be obtained by finding new, permanent and stable families for those children.

The cost benefit is undeniable, yet we consistently hear arguments about insufficient funds to provide these new services.

There are limitations on the funding that we have.

Every sensitive cost-benefit analysis shows tremendous additional savings to the taxpayers as well as to the accomplishment of objectives of the children when focus is put on finding a way out of the maze of foster care and institutional care for those who cannot return to their precare families through adoption.

My testimony suggests five basic directions, each of which is essential to a balanced and serious effort to help these children.

Those specific actions are as follows: That adoption services should be mandated services for the States.

It is inconceivable that we will not require that those States services at least provide some minimal attempt to find families for children who are, without fault of their own, deprived of them in this day and age.

That deprivation is sometimes the result of State action.

Adoption is easily misunderstood, still being believed by many as primarily a process of finding babies for infertile couples.

The mandating of adoption services would go far in extending the ability of the Federal Government to assist States to find in their own way some way to meet the needs of these children.

More visible Federal leadership is needed, in educating the public and the policymakers about these children. Technical assistance to both public and voluntary agencies, as well as the augmentation of resource exchanges, such as is included in 1593, is desperately needed.

It is a cruel irony that those children most handicapped in our society face a double obstacle in their placement because of the medicaid policies.

One of the simplest things to correct would be to provide that medicaid benefits for children who have congenital handicaps would continue even if they are placed in adoption.

Families cannot have these children included under private insurance, making the adoption of such children financially impossible.

The fourth item I wish to mention is that of subsidy.

It is certainly needed, and is the one remaining gap in Federal participation.

There are some extremely successful programs in some 40 States which demonstrates how good policy utilizes subsidy in dealing with the backlog of children placed in the foster care system.

We also need a greater emphasis on case management, so that we do not lose children who come into care. It costs $50,000 and $65,000 to raise a child in the foster care system.

The cost benefit is expensive if we can get them out.

We do not even keep track of where they are, so we do not even know when and if to apply the services to free them and to place them.

One final thought. Federal assistance could be provided to help train workers specialized in the placement of children in adoption.

Special training is needed not only in sensitivity for minority groups, but in special problems of older and handicapped children which is the largest group of unadopted children in this country.

Senator Cranston. Thank you very, very much.

I appreciate your directness, clarity, and brevity.

Do you feel S. 1593 would help solve the basic problems that you have outlined in both your prepared statement and testimony?

Mr. **Forsythe**. Senator, I think they would help to solve it.

There are some specific suggestions which I suggest, but I think it is an extremely important step forward to focus on this problem and try to do it as comprehensively as is begun in S. 1593.

Senator **Cranston**. Have you covered all your proposed changes in your prepared statement?

Mr. **Forsythe**. I have not.

Let me make a couple comments and then I will try to put it in writing.

I did mention briefly in the body of my testimony, but I think it is very important for the direction of S. 1593 that whenever possible these programs be incorporated in ongoing broader based programs that are not subject to special appropriation, deletion, and cutback, sort of an overall program affecting children.

This is, it seems to me, not only avoids——

Senator **Cranston**. We do intend to coordinate this legislation with ongoing programs.

Mr. **Forsythe**. All right.

It is important that S. 1593 have some additional planning grants for the States to help them improve the quality of services they provide.

I think the adoption assistance grants, probably you should be required in the light of the present regulations of title 20, which make possible assistance to States under that title in ways which might allow the assistance grants as they originally conceded to be shaped somewhat differently.

Grants should be structured to encourage States to make services available on a statewide basis, rather than in a few select communities.

However, Federal regulations for State programs should be defined so that money need not be shared among counties where children do not exist in equal numbers.

Strengthening of the research and demonstration program is important.

HEW has recently approved for dissemination a model subsidy act which focuses on subsidies being tied to children who need it rather than to parents who need it. It is a subtle but very important difference.

There are a number of States who have passed laws based on that kind of concept, saving in the process approximately 50 percent of foster care expenditure, that usually goes to overhead.

One of the basic arguments for subsidy is that it should be available to a child even if and when he is adopted so money is available for his care regardless of income fluctuations on the new parent.

I think that is a very important, very significant, difference that ought to be included in the bill.

Senator **Cranston**. Thank you very much for these suggestions.

We will look forward to having in writing any others you have.

I understand that the Clark Foundation has given support to a number of special projects in adoption and foster care.

Would you briefly outline what those programs are?

Mr. **Forsythe**. I will be happy to, Senator.

Probably the most important one is an effort to help States develop case management techniques to help States locate these children, keep track of them, and provide appropriate services.

There was a grant to the Child Welfare League which assembled a national planning committee. They developed a model system for children and youth services, which focuses on keeping track of these children, and providing them services.

Second, we have attempted to assist specialized agencies place these children by utilizing the best available technology, such as media recruitment, more open policies, group techniques, postplacement services, specialization on hard-to-place children, rather than only on occasional placement of hard-to-place children.

We have been working very closely with the National Council of Juvenile Court Judges because the judiciary plays a very important part in this picture.

Two projects have resulted. Volunteers are assisting courts throughout the country in reviewing the cases of children in foster care, and for whom some action might be needed.

Second, there is an effort by the judges to draft a model law to help determine the question of parental rights where permanent custody is needed.

We have tried to educate the public to the needs of these children. There are parents willing to adopt them, and it is only a matter of putting our energy in the right place.

Senator Cranston. Is there any mechanism for coordination among the adoption agencies across the country?

Mr. Forsythe. That is a yes or no answer.

The Child Welfare League is certainly an entity which has provided some of that service in the past. Its new project, North American Center on Adoption, is providing greater service in this area.

On the other hand, that is a voluntary organization, has in its membership something less than 10 percent of the adoption agencies. It does not relate as directly and forcefully as it might to the public agencies where most of these children are, so there is certainly need for Federal leadership and additional support in this area.

Senator Cranston. Why do so many potentially adoptable children, in effect, get lost in foster care?

Mr. Forsythe. They get lost for a variety of reasons.

We have not focused on the need for goal identification.

Second, we have, it seems to me, financed the system in such a way that they can remain in foster care without ever making sure that those who can be returned to their families or can be placed are indeed placed.

Certainly, financial incentives for permanent foster or institutional care should be removed.

The mere size of the services program and the fact that it tends to get lost within the total ABCF program, particularly the support income maintenance programs, has been a serious problem.

Steps heading in the right direction, need congressional support and additional Federal leadership to make sure they are carried out.

Senator Cranston. I would also like to ask you the question I asked the previous witness.

Do you feel that adoptions subsidy assistance to adoptive parents should continue as long as there is a demonstrated need, or should there be a prearranged time limit?

Mr. Forsythe. I think the time limit should be the attainment of the majority of the child, at which time other handicapped programs that exist would take over.

I think it is important to point out in understanding the subsidy, that the bulk of it is a medical subsidy or subsidy which permits the children placed in foster care, and because of a default in getting them adopted, these children have developed roots in those foster homes, they ought to be able to remain there both for their psychological health and development, as well as their placement.

That is a backlog problem.

If we meet that need better in the future, we would have a primary medical subsidy with occasional support subsidies needed throughout the minority of the child. But the subsidy should be continued as long as needed.

It should be attached to the child not otherwise placed unless subsidy is available to parents eligible for welfare programs depending on their income.

Senator CRANSTON. Do you think the present Federal programs help or hinder the adoption process?

Mr. FORSYTHE. I would be unfair to those who labor in those areas if I did not say they help.

But they only help minimally with regard to the total program.

Substantial additional resources ought to be provided, not necessarily in the form of additional funds but in the form of more flexibility which would allow attention to the needs of about 150,000 children for whom we know how to provide answers and could do so at less cost.

Senator CRANSTON. One last question.

I would like you to answer this in writing rather than verbally.

In regard to S. 1593's provision for grants to States for the purpose of assisting and meeting the costs of adoption, what do you feel the Federal percentage of such grants should be and what are your reasons for making such a determination?

Mr. FORSYTHE. I will be happy to answer that in writing.

Senator CRANSTON. I want to thank you very much.

Your knowledge in this field is a great benefit to us, and your concise, brief, and direct responses have been very, very helpful.

I appreciate that.

Bob, do you have any questions?

Senator STAFFORD. One general question.

I have listened to most of your testimony, Mr. Forsythe, and I join the chairman in our gratitude for your appearing here.

I've been trying to read through your statement while you were testifying since another committee tied me up earlier.

On page 6 you address the matter of protection for children with preadoption medical handicaps.

Is that one of the most serious questions we run into in connection with children in foster homes?

Mr. FORSYTHE. In terms of numbers, Senator, it is probably not one of the most serious, but in terms of double whammy on these kids, it is.

The fact is, most family insurance plans cannot cover these preexisting conditions.

As long as there are Federal regulations which do not permit medicaid coverage to follow these children into a permanent home, at least, for preexisting conditions, it seems to me we are putting the parents and the children in a hard place that makes no fiscal sense and certainly no human sense.

Senator **Stafford**. This is one situation that is subject to fairly simple remedy if we are to do it.

Mr. **Forsythe**. I certainly think that that is true.

And a net savings of the total Federal dollar, I am sure, rather than increased expenditure.

What is happening is that these children are simply staying in foster care. We are not only paying for their preexisting medical needs, we are paying for their ongoing medical needs, plus support benefit, plus overhead to make the system run.

Senator **Stafford**. Thank you very much.

Thank you, Mr. Chairman.

Senator **Cranston**. Thank you very much.

Mr. **Forsythe**. Thank you.

[The prepared statement of Mr. Forsythe follows:]

Statement of
Peter W. Forsythe, Vice President
Edna McConnell Clark Foundation
New York, New York

Prepared for
Subcommittee on Children & Youth
United States Senate
July 18, 1975

Mr. Chairman, Distinguished Members of the Committee, my name is Peter W. Forsythe. I am a Vice President of the Edna McConnell Clark Foundation in New York and am appearing in response to a request from Senator Walter Mondale for technical assistance in the area of adoption. I am a Program Officer for the Foundation and in charge of its children's program. That program is dedicated to finding permament families for increased numbers of the children who are denied this stability and security and are currently out of stable families and in foster homes, group homes, and institutions. I am a parent of five children, three of whom are adopted. I am formerly the administrator of a large state social services system and have been an advocate for children in need of adoption for the past 15 years.

It is with great pleasure that I appear before the Committee and I commend the attention being given to the problems of adoption. No single children's issue is as easily solved as this one. The needs of children waiting for adoption can be met with a net reduction of expenditure on their behalf if enlightened administrative and legislative leadership provides the flexibility to do so.

I wish to bring to the attention of the Committee several specific directions which, if implemented, would make significant progress toward the achievement of the goal of family stability for the majority of the 350,000 to 400,000 dependent and neglected children now in the care system. The nature of the hearing process requires that these suggestions be made briefly and concisely. Substantial experience and professional opinion is available to elaborate and document the wisdom of these suggestions. It is my hope that the Committee has heard from other witnesses during this week some, if not most, of the following proposals which collectively could make great progress toward ending the unnecessary deprivation of permanent family relationships which presently is widespread.

I want first of all to emphasize that adoption is part of a larger picture. When children are voluntarily, or through state action, removed from families that cannot provide for their parenting needs, it is a major step and one which has been taken too lightly. We must in the future focus additional energy on maintaining intact families by supporting them in times of crises and assisting them to provide an environment within which successful parenting can occur. We must, in the future, find ways to reunite children through imaginative social work efforts and increased services of a wide range including protective services, day care services, housing, employment and the meeting of other human needs which when unmet too often make families disfunctional.

One part of this total spectrum, however, involves children in substitute living arrangements who cannot return to their precare families. The reasons for this inability are many. Speculation over whether or not the circumstances might have been otherwise is idle and usually detrimental. These children need attention now.

Time is a critical issue. While we debate, study, ponder and procrastinate, children's lives are becoming irreparably damaged in substitute residential care that is too often unnecessary and unstable. Multiple placements are common. We have long known that unless a child is returned to his precare family within 18 months after initial placement, his chances of ever extricating himself from the care system short of majority decrease rapidly.

I want to talk to you about the children who are in that system and have no viable way out during their critical growth years unless it is through the process of adoption. These are school-age children ranging from 6 to 18, disproportionately minority children but not predominantly so. Frequently these are children with emotional problems resulting from family circumstances prior to placement and sometimes caused or aggravated by the revolving door placement process that occasionally sees a child with as many sets of parents as he or she is years old. Physical disabilities pose often dramatic placement problems and although infrequent in proportion to the general physical well-being of these children, they greatly exaggerate placement difficulties when combined with emotional or developmental problems. Developmental lag is characteristic of these children. Sometimes organic or congenital, it is all too frequently the result of an unnecessary stunting which occurs from constant uprooting, lack of parenting continuity, infrequent intellectual stimulation and an inordinate amount of energy spent in coping with a bewildering kaleidoscope of personal relationships against which defenses are essential for survival.

Although our statistical information is far less accurate and complete than one would wish, we must not provide studies where stability is needed. Increasingly sophisticated assessments of the total need will emerge as more coordinated leadership and intensive attention is provided and the placement job gets done.

The passage of the recent Title XX Social Security Amendments has gone a significant way toward making effective state action on behalf of parentless children possible. Since we do not consider providing permanent parents for children as significant enough to mandate that adoption services be provided in all states, however, it is too early to tell whether state and local pressures will be articulate enough to compete on behalf of this smaller but seriously disadvantaged number of children against the more massive problems which claim the social services spotlight.

I have several specific suggestions, each of which is essential to a balanced and serious effort to help these children.

(1) The mandating of adoption services is necessary. It is inconceivable to believe that a structure committed to maintaining family integrity by providing aid to dependent children in families, will not articulate that services to provide families for those who have lost them by family dissolution or disfunction is not of a high enough priority to be required. It is imperative that this be mandated because there is so much misunderstanding about adoption. Many local officials still see adoption primarily as a process of finding babies for infertile couples. Indeed the major mission of adoption must be clarified so that its purpose in finding parents for parentless children is unequivocal. It is undeniably in both the human and the fiscal interests of every country and state of this nation to require high quality adoption services. There will be no massive lobby for this change. The children who wait, wait quietly. Their patience, is however, no excuse for our lack of leadership.

(2) A coordinated federally financed leadership program must be established. It will need to operate in several ways. An effective public education program must

be conducted to assure that appropriate parents can be found for waiting children. Community acceptance of the adoption of older and handicapped children, of minority children and those with learning disabilities must be improved through greater community understanding of adoption as a constructive and effective way to meet the needs of these young people.

Often, for specific kinds of handicaps or difficulties it is neither wise nor possible to place a child in his community or state of origin. Yet we find interstate processes clumsy, the interstate compact often cumbersome, and a wider exchange of resources extremely difficult at best. Some leadership must be provided at the national level to facilitate the bringing together of families equipped to adopt the waiting child and those children wherever they may be. Pilot projects have been tried; the principle is well established. The nation can no longer afford, however, a horse and buggy approach living from hand to mouth and without government sanction, clout, scope and stability. The sums needed are small; the payoff great. Cost benefit figures are elusive, but state after state has accepted documentation that the placement of one additional hard-to-place younger child in an adoption per year will more than pay for a worker, her overhead, supervision, fringe benefits, clerical support and other expenses. Even with the most difficult children several placements a year are possible. The resulting arithmetic has repeatedly shown literally millions of dollars of otherwise predictably committed foster care support and service funds saved by a small extension of effort in the field of adoption.

It is imperative that some national leadership emerge willing to provide a visible commitment to facilitate the exchange of information about adoption resources, and the bringing together of the available but unused parent resources and those children in need of permanent families. We cannot any longer excuse a federal posture that seems to virtually ignore the human tragedy and fiscal waste perpetrated by inaction.

(3) Protection for children with pre-adoption medical handicaps. We have in this country an irony for handicapped children too bizarre to be believed. Present administrative regulations have not solved it. Children who are born with handicaps into a family are automatically covered for those congenital difficulties by the medical insurance enjoyed by many, if not most, Americans in a position to support additional children. Children who become the responsibility of the state through family disintegration are eligible for and covered by medical assistance programs which meet their medical needs for such handicaps.

If a child who has no family finds one through adoption, the public support for his pre-existing medical problem ceases. The private support for his pre-existing medical problem is not available. The family who would take a child with multiple handicaps, facing extraordinary heart surgery, requiring repeated prosthetic fittings, etc., is financially prohibited from doing so because neither their private insurance nor their state's public protection are available for that child after the legalization of adoption.

The solution to this problem is simple. Those children who are public charges and eligible for medicaid assistance should have their rights to coverage for pre-existing conditions vested so that adoptive parents will have at least minimal coverage against catastrophic financial losses predictably or unpredictably incurred and against which there is no private protection generally available. To do less is to indefensibly doom children already double struck with handicap and family loss to spend their childhood in the limbo of the care system at far greater public cost than rational solutions to this problem would require.

(4) Post finalization adoption subsidy. Because of our neglect of many children in foster care, they have become deeply attached to foster families where they are currently living with the help of public funds for their support. Many of these families are of moderate means and the rearing of additional children without such support is financially impossible. For the children such families may be the only parents they have ever known. The roots are often deep and healthy. To remove these children arbitrarily, though too often done, is inexcusable. To permit them to remain but require them to do so under the cloud of instability inherent to foster care no matter how its regulations change, is indefensible when better alternatives are available. Children need to have names which match that of their families. They need permanent commitments to the family and from the family upon which trust and strength to conquer difficult development times can be built. Permanent commitments to facilitate the building of a replacement extended family for the next generation and to remove that cloud of uncertainty that follows every foster child every step of his life until total legal permanence through adoption is assured should be the achievable goal for virtually all these youngsters. If we do nothing, we will continue the family with all the costs and none of the benefits of permanent adoption. If we provide subsidy, we can cut cost in at least half and secure for the children a stability to enhance their growth potential. Those who do not understand foster care procedures will immediately question whether or not any savings can result from such a proposal. The facts

are that administrative overhead absorbs from 100 to 500% of the amount paid to the boarding parents. This overhead can be eliminated immediately if progressive adoption subsidy regulations are pursued. Adoption subsidy should be available only to children who cannot be adopted without it or who are in foster situations where no other family would be psychologically appropriate in view of commitments, ties and relationships previously made. Therefore, adoption with full subsidy can save from a minimum of 50% up to 95% of our currently committed total cost. In addition, the need for subsidy should decline as we do a better job of placing available children when they need to be placed rather than trying to pick up the pieces after years of default. Model subsidy legislation has been developed and is currently being reviewed within HEW. Its approval and promulgation under strong leadership would go far toward assuring that subsidy would be tied to the needs of vulnerable children rather than to the interests of parents, that stability would be possible for substantially increased numbers of children and would also facilitate significant dollar savings which would allow the diversion of scarce currently committed money to other desperately underfunded children's needs.

Forty states now have subsidy laws although many are so poorly worded or so vulnerable to bureaucratic misinterpretation or funding "slight of hand" that they are ineffective. Where subsidy is being used widely and effectively, it has proven to be an undeniable benefit to the children and to the taxpayers of the state. State officials must currently explain to themselves, however, the irony of the loss of federal financial participation when they move toward more cost effective and beneficial programs of adoption. Consistent and sufficient use of subsidy to meet children's needs and provide maximum tax savings accruable by the technique will be impossible unless and until full federal financial participation is assured. The cost to the federal government is nothing in total dollars since it can be included under the existing ceilings for social services support. If included under maintenance titles with appropriate safeguards to eliminate continuation of unnecessary administrative overhead, it would actually save 75% federal participation funds and substitute 50% funds in their place. We are being penny wise and pound foolish if we do not come four square in front of the insensibility of continuing this federal funding disincentive and recognize the devastating impact and inexcusable prejudice against already disadvantaged children which is promulgated by its continuance.

(5) Title XX makes the training of placement personnel possible. It should be strengthened to provide expressly for full federal participation in efforts to increase the skill and efficiency by which these parentless older and handicapped children can be placed in permanent families by adoption. This is difficult social work. It requires a combination of virtually all child welfare skills, patience, tenacity and dedication beyond the usual call of duty. It is exciting work, but vitally needs new leadership and a new high level of professional competence. The Foundation has undertaken an effort to encourage the development of a dynamic new curriculum for the training of people skilled to do this particular placement job. That developmental effort will wither on the vine, unless adequate public participation in the cost of providing that training can be generated.

(6) Case management and tracking systems. We must ensure that we do a better job of keeping track of those children who are removed from their families or where state intervention handicaps the relationship so that we are sure that social neglect does not replace individual neglect. Bold new efforts developed by states,

courts and private agencies give promise of finding new ways to assure effective case management, goal setting, timely decision-making and cost effective service delivery on behalf of these children who need to return to or find new permanence rather than lean forever on the state as a crutch. From such efforts could be generated accurate national statistics giving us good planning data and permitting much more sophisticated deployment of resources in the future. But most importantly, it would ensure that no child would be forgotten, lost, abandoned in the system to suffer a fate equal to or worse than the abandonment from which he may have been allegedly rescued. Continued federal leadership to encourage vigorous interdisciplinary cooperation and multistate interest in good case management is essential. Congressional awareness and support can greatly aid these efforts.

The good news in this scenario is that the 150,000 or more waiting children are adoptable if appropriate legal procedures to free them, social procedures to place them and fiscal procedures to permit them to escape from the welfare cycle are put in place. People want to parent even the most difficult and handicapped of the waiting children. The children can and will benefit from the permanence provided through legal adoption. Probably ten times as much money will be spent on denying them this permanence as would be expended if greater flexibility and leadership ensured the appropriate expenditure of these funds.

I have called upon you to do six things:

(1) Adoption services for children without families should be a mandated service under the Social Security Act.

(2) New leadership in promoting public understanding, identification of potential families, and communication between the waiting children

and potential parents whose mutual disappointment is currently a national disgrace must be undertaken. A national resource clearinghouse is a minimum requirement.

(3) Conscience requires that you address and resolve the folly forcing a child to choose between having his medical needs met or having a real family. We save no money, yet we maim hundreds by this inarticulate legal and administrative barrier.

(4) Federal preference for retaining children in foster care with all its vulnerability, rather than encouraging their permanent placement where roots are deep and should be supported, must be ended by new flexible regulations. Adoption subsidy for children who cannot be placed in appropriate families without it must be provided to insure reduction in the numbers of unnecessarily parentless kids.

(5) Federal participation through Title XX should be strengthened to encourage better training of highly skilled placement personnel.

(6) Efficient case management on an interdisciplinary basis can coordinate the diverse pieces of the child welfare service delivery system to make it more effectively meet the needs of children waiting for adoption and many others.

I hope these thoughts will be helpful in your consideration of the appropriate federal response to the needs of children for permanent families. Your attention to these issues is encouraging. Your effective action is urgently needed.

Thank you.

PWF/hp:lwm

7/75

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United States Senate
COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. 20510

SEP 22 1975

Mr. Peter W. Forsythe
Vice President
The Edna McConnell Clark Foundation
250 Park Avenue
New York, New York 10017

Dear Mr. Forsythe:

I am grateful that you took the time to supplement your very excellent testimony with the information provided in your recent letter concerning S. 1593, and I am particularly interested in your specific recommendations with respect to the bill.

Your comments raise in my mind several additional questions, and I wonder if I might have your thoughts on them. The first has to do with the success of the attempts of child advocates to secure the inclusion of adoption services in State Plans for title XX of the Social Security Act. Has the Foundation undertaken any studies to ascertain how many States have included such services in their Plans for this year, and, if so, to what extent?

My second question has to do with one of the broader purposes of S. 1593 -- providing incentives to States to look at their present adoption laws and bring them into conformity with the laws in other States. The incentive, of course, would be the new funds available under the grant provisions of the bill. Continued receipt of these grants would eventually be contingent upon each State's compliance with the uniform regulations promulgated by the Committee, as provided in S. 1593. In some cases, this would necessitate changes in state law to enable compliance. It is my hope that this process will eventually result in a situation where State laws are no longer contradictory and barriers to interstate placements are removed.

With this in mind, would not reliance on title XX money to provide adoption services substantially reduce the incentive for States to review their adoption laws? And would not specifically limiting the S. 1593 grants to planning and training further detract from the financial incentive? I would appreciate any further thoughts you might have on this question.

I would appreciate hearing further from you at your convenience.

Sincerely,

Alan Cranston

The Edna McConnell Clark Foundation
250 Park Avenue, New York, NY 10017 212 986 7050

August 27, 1975

Senator Allan Cranston
Senate Office Building
Washington, D.C.

Dear Senator Cranston:

I deeply appreciated an opportunity to testify before you at the hearings held by the Senate Subcommittee on Children and Youth in Washington, D.C. on the 18th of July. During the course of my testimony you asked several questions and requested additional comment and information which might be used by yourself and the committee in further deliberation regarding the bill introduced by you and co-sponsored by Senator Mondale and others.

First, let me again reiterate my enthusiasm for the attention given by you and Senator Mondale to this issue. Action is both timely and critical. Other forces are at work in this country which together with vigorous congressional action could move a long way toward correction of the glaring problems in this field in short order. The numbers of children involved and the fact that technology is both known and highly cost-effective, suggest that delay in providing the necessary solutions for unplaced adoptable children in this country is indefensible.

In response first to your direct questions, I believe the proportion of federal support that should be provided in the legislation is 75%. The other 25% should be provided by public or private funds from other than federal sources. It is important that adoption be seen as a viable alternative for children who otherwise would remain indefinitely in the foster care and institutional systems of this country. At the present time, federal funding disincentives suggest that our congressional policy is to discourage the finding of new permanent families for children who cannot be runited with their pre-care families. It is highly appropriate to remove this disincentive, yet dangerous to provide positive incentives to adoption that would discourage the development of adequate services to intact families, appropriate efforts to reunite children when pre-care families can be rehabilitated and ties re-established, or inapproriately encourage premature termination of parental rights. I believe we have learned enough to know that an over-correction of today's inattention to the issues of adoption would only create a new imbalance about which child advocates would properly be equally critical.

I have some basic suggestions for amending the approach taken in the current draft of your bill. Most of these result from changes in circumstances that have occurred since the original outlines of the bill were created. Substantive legislation is essential to provide more vigorous federal direction and leadership. Similarly, financial assistance is necessary to fulfill those federal obligations which are not covered by Title XX and other existing programs. Based on these changed circumstances, together with the desire to see a piece of legislation which is modest enough to be signed and funded in the current economic and administrative climate, the following suggestions are given.

I believe no bill will be funded, signed and the funding released unless it is seen as a bare bones and modest proposal. My political sense suggests this means something under $10 million in total funding authorized. Larger figures most certainly will result in Presidential vetoes or the withholding of funds by OMB, not because of potential program ineffectiveness or even lack of cost benefit, but because the details of the impact of this effort will not be understood. I fully recognize that the political consideration should be left to those elected, yet projections about the possible cost of a bill which could indeed be passed and implemented have a significant impact on the scope of the substantive wording of the legislation.

I believe that the grant program should be more directly focused to complement the uncovered aspects of adoption assuming full utilization of Title XX. Administrative negotiation and clarification of the limits of Title XX have suggested that states can now cover all costs for the freeing of children for adoption, the placement of children in an adoption, post-placement services up through the finalization of legal adoption and legal services to unite the child with his new parents. Also coverable are certain special services after finalization which may be required to protect the child in his new family environment and prevent another dissolution caused by the strains and pressures inherent in the adoption of older and handicapped children who have been emotionally damaged in their biological or foster care settings.

Therefore, I recommend that the grants be specifically limited to planning and training. Recently, the Board of the North American Center on Adoption identified intensive training of a cadre of highly skilled placement experts as the number one priority necessary to carry out appropriate reforms in the child welfare field of adoption. Planning money to assure utilization of Title XX for adoption is not provided under Title XX. A number of states this year will not take advantage of the Title XX funding for planning for permanence for children solely because they did not have the resources to apply sophisticated planning analysis to the cost benefit and flexibility options available. Planning grants would facilitate full utilization of the inherent program supports possible under Title XX in the future. Federal money under Title XX can then be made available by purchase of services for children in voluntary agencies and under appropriate public agency care. Almost all are without support and dependent upon public sources to secure them new families, if they are not to be permanently deprived of the stability and nurture necessary for their proper development.

I believe the emphasis placed by the bill on the need for a better administrative structure to lead this program is very appropriate. I do think the exact placement of the program within the HEW structure might better be left to administrative determination. Leaving the administrative decision flexible has certain risks, but certain potential values as well. Although I am an advocate of the Office of Child Development, it has as yet been unable to mount much visible leadership in the nation's child welfare field.

I believe this bill or a related one should require the mandating of adoption services. Facilitation of planning for such services through the grants program might make this kind of commitment easier. It is indefensible for a state to provide services to take children into care and out of families and keep them there but not mandate that states at least attempt to find new families for those who must find new living situations in order to get out of the welfare system at an early and effective date.

Similarly I believe that this bill, or some other, needs to tackle the problem of federal participation in adoption subsidy. The easiest one of these to solve would be a medicaid amendment vesting medicaid coverage for pre-adoption conditions of children medicaid eligible immediately prior to their adoption. There appears to be no practical alternative to this protection in view of the general unwillingness of the private insurance industry to cover pre-existing conditions of adopted children. In addition, the ongoing support subsidies necessary to make possible permanent adoption by foster parents where children have become "rooted" and settled requires the removal of the current federal disincentives in this regard. The Department of HEW is disseminating a model adoption subsidy law which limits subsidy to those children who cannot be placed for adoption without the use of subsidy. With this protection, the taxpayers are certainly justified in insisting upon the removal of current federal disincentives which cause unnecessary thousands of children to stay in foster care and institutions because the state and local financial interests are protected by keeping them in that status. Federal participation in the maintenance of children under adoption subsidy appropriately protected in the same way that maintenance is currently provided for the perpetuation of foster care, is both humanely and economically justifiable.

Again, may I congratulate you and your staff for the leadership in preparing and sponsoring this legislation. I hope these comments, which should be considered as additions to the testimony given before the committee, are of help. If further technical assistance can be provided by me or the Foundation in the refining of these suggestions or working on additional improvements to the legislation, explanations of its importance or helping in movement towards its early passage. I would be happy to respond to such a request.

Very truly yours,

Peter W Forsythe

Peter W. Forsythe
Vice President

PWF/hp

Senator CRANSTON. Our next witness is Dr. Henry Seidel, chairman, Committee on Adoption and Dependent Care, American Academy of Pediatrics, Columbia, Md.

Thank you very much for being with us.

I would appreciate it if you too would summarize your statement, which will go in the record in full, and present to us the highlights so we can have more time to ask questions.

STATEMENT OF HENRY M. SEIDEL, M.D., CHAIRMAN, COMMITTEE ON ADOPTION AND DEPENDENT CARE, AMERICAN ACADEMY OF PEDIATRICS, COLUMBIA, MD.

Dr. SEIDEL. Thank you, sir.

It is good to be able to be here this morning.

S. 1593 has basically three provisions:

Uniform regulation, subsidization, and development of a national office.

With reference to the first two provisions, we would simply like to make the point that the bill perhaps too rigidly defines conditions related to the provision of subsidy, and that because there is so much variability from State to State, it might be better to loosen up a bit on the demand for rapid achievement of uniformity.

It should certainly be a goal.

But the complexity there might defer help for many children, and I would suggest a looser definition in this regard.

It is the provision for a National Office of Adoption Information and Services that I would like to take a closer look at this morning.

That kind of national office will provide a stimulus to the development of information that would help place children in more appropriate adoptive homes.

Right now, we rely too much on individual value judgment in making these very decisions. We know certain things; we know that it is better to place a child earlier in life, that children in need of adoption may be held in foster care or in institutional care for inappropriate lengths of time, frequently going from city to city, often unable to obtain the rudiments of appropriate medical care.

We know what kind of people the adopting parents are and the kind of homes they provide are of great importance.

We know that adoptive parents will have continuing problems with managing the concept of adoption, once the child is in the home.

We know that the psychological bond created between the child and the parent during the critical, formative early months and years is a more powerful bond than that created by the biological fact of birth.

We know that a significant number of children are involved, perhaps as many as 2 to 3 percent of the children in this country.

And when you compound that with adoptive parents, biologic parents, the siblings involved, a considerable number of people in this country are concerned with what we are talking about here today.

But we do not know an awful lot more that is germane.

We do not know the full extent of the influence of the child's gestational and postnatal preplacement life on the child's adjustment to adoption and on the eventual outcome of that adoption.

We do not know nearly enough about the conscious and unconscious motives which bring parents to adoption.

We really do not know how to judge whether it is better for a woman to raise an illegitimate child or to give that child up for adoption.

We do not know the characteristics of a family appropriate for adoption in terms of size or the presence of biologic children in the home, or, for that matter, any number of other variables.

We do not know how to correctly assess the adopted child's need for knowledge about his or her biologic identity.

And we do not know how best to tell a child, in fact, they are adopted. Every child has rights.

Senator CRANSTON. What has been found to be the best way to deal with the problem of telling a child he or she is adopted?

Dr. SEIDEL. Nothing has been found to tell us the best way to deal with that problem.

We have to rely on our gut and common sense and perhaps, in the long run, that is all we will have.

On the other hand, it is now handled so poorly that we better try to get harder information.

Senator CRANSTON. There are no guidelines on that sensitive topic now?

Dr. SEIDEL. The only guidelines that are consistent with any—if I am advising a parent—with my experience in value judgment, but that is as far as it goes.

I cannot say what I suggest the parents, or what counsel is right or wrong. I have no way of knowing whether that decision relates to the outcome of that child's life down the road as they deal with the fact of their adoption.

Senator CRANSTON. Are there any general views on what age or when it is best to tell a child?

Dr. SEIDEL. The general views are hard to come by.

I will be glad to tell you what I believe. That is, I think the child should hear the word "adoption" the first day of life. That word should become a routine part of life.

That child's question should be answered when they are appropriate. I do not believe a crisis moment should be created in which at a given age a child should suddenly be told they are adopted.

I think this deprives the earlier years of that child's life of spontaneity that is essential to good growth and development.

Senator CRANSTON. Thank you.

I happen to have had a personal experience in one way.

I had a childhood sweetheart who was adopted and never recovered from the shock of hearing about it when she was about 15.

Dr. SEIDEL. When you are adolescent and trying to deal with the whole business of adolescence, where did I come from, what am I going to do with my life, where am I going, to be suddenly confronted in an inappropriate way with the fact of adoption, is really to many young people, an unbearable burden.

We want children to be dealt with appropriately.

I raise these questions because in large part a large number of children in this country are not being dealt with appropriately.

The bill provides an opportunity to get some of that, and particularly in its third provision with a national office.

As a matter of fact, you could raise other questions.

What is the emotional risk for the child if the parents are of a different race?

Is it appropriate for a child to be adopted by single parent, male or female?

Is it appropriate for a child to be adopted by a homosexual?

Is it necessarily better that adoptive parents be younger rather than older?

Is it appropriate for the adult adoptee to be given full information about biologic heritage?

Are the motives of parents who adopt the handicapped beyond question?

The point is, we need better information than we have now. This bill provides, I think, a mechanism.

I would suggest at least three amendments to the bill:

One: Suggest that the National Office of Adoptive Information and Services explore the mechanisms by which children in the adoption process are given advocacy, and explore whether, in that process, the children themselves have a right to counsel.

Two: Affirm that the health and medical care needs of children in need of adoption are particularly acute, particularly discontinuous, particularly dependent on a sound medical record and provide for mechanisms which would assure the continuity of care which is the cornerstone of the quality health care necessary for each of us.

Three: Provide a mechanism for funding appropriate research efforts performed with utmost scientific vigor, efforts which may help us remedy the defects in our knowledge, help us find the best possible solution for those who offer children for adoption, for those who adopt them, and for the children themselves.

I thank you.

Senator CRANSTON. Thank you very much.

I thank you for your support of the bill and your very helpful advice to us.

Let me ask you the same question about the duration of the adoption subsidy.

Do you think it should go on as long as necessary, or have some predetermined cutoff point?

Dr. SEIDEL. I think it should go on to majority.

However, the previous witness alluded to medical care needs involved for many of these children, which may well be among the most expensive resources used.

I would say the provision of medical care resources to careful review of costs, and I think those costs can be contained and should be contained. I would not just provide a carte blanche.

Senator CRANSTON. Where is most of the resistance to opening sealed adoption records when the adult adoptees request to review them?

Dr. SEIDEL. There are three groups involved: The child, the biologic parents, and the adoptive parents.

The adoptive parents feel a sense of threat when the child they raised wants to find out about their biologic parents. They feel a real threat to the psychological bonds with the child.

So resistance comes from that quarter.

Many biologic parents want to put this experience in the past. They do not want it raised, and resistance comes from that quarter.

So that the sense of threat is primarily to the older people involved, the biologic and adoptive parents.

I think one cannot ignore this, but I do not think you can deny the deep need people have to know from whence they come.

I think the State of Alabama provides a mechanism at least for getting at this problem in which with third party intervention, they provide for a phased release of information depending on the attitudes *of the three parties involved.*

Senator Cranston. Thank you very much.

Bob, do you have any questions?

Senator Stafford. I have no questions, but that is not to indicate any lack of interest in what this witness has said.

I appreciate your testimony, Doctor.

Senator Cranston. Thank you very much.

We thank you a great deal.

[The prepared statement of Dr. Seidel follows:]

Testimony before the
Subcommittee on Children and Youth
# of the
Committee on Labor and Public Welfare
United States Senate

by

Henry M. Seidel, M. D.

Chairman

Committee on Adoption and Dependent Care

American Academy of Pediatrics

July 18, 1975

I am Henry Seidel, M. D., Chairman of the Committee on Adoption and Dependent Care of the American Academy of Pediatrics. It is a pleasure to appear before this Committee today as a representative of the Academy, having heard of the continuing interest of this Committee in the many problems concerning child health.

Senate Bill S. 1593 is a significant step in the effort to meet the needs of children who might be adopted or who have already been adopted. It represents a real change from the deficit model of intervention characteristic of so much of our past effort.

Uniform regulations and subsidization are important. They are potentially saving of human and fiscal resources. In 1972, in New York City, $122,500 were needed to raise a child in a foster home to age 18. $34,500 was the average cost for the same period of time in a natural home. The American Academy of Pediatrics has been cooperating in the development of a model state subsidized adoption act. When that act is ready we recommend that it be seriously considered by each of the states. In the meantime, we do suggest that this bill not rigidly define the conditions related to the provision of subsidy. This, particularly because of variability of laws from state to state and the complexity of rapid achievement of uniformity. Nevertheless, immediate benefits of S. 1593 will be removal of barriers to adoption caused by diversity in state regulations and by the financial burden of adoption, particularly of the physically or emotionally handicapped child.

The bill's provision for a National Office of Adoption Information and Services bears careful scrutiny. This third provision of the bill provides a pathway to the development of a seriously needed body of information about adoption. We know so little; we need to know so much more. A national office will provide a stimulus to the development of knowledge which may make it possible to place children in more appropriate adoptive homes. Right now, we rely too much on individual value judgment in making such god-like decisions. The affluent are still favored.

Too many children still remain in the particular limbo of foster care because of financial barriers to adoption.

We know certain things:

(1) That it is better to place a child early in life. We don't know the optimal age. However, we do know that there is a higher psychiatric referral rate for adopted children than for general population, that the frequency of emotional problems of the adopted diminishes with diminishing age of placement, and that there is no particular difference in frequency as compared to the general population if placement occurs before one month of age.

(2) We know that children in need of adoption may be held in foster care or in institutional care for inappropriate lengths of time, frequently drifting from setting to setting, unable to obtain even the rudiments of appropriate medical care. Here again, state and local laws in this regard are so variable that medical care for the child both before and after placement is too often crisis oriented and discontinuous. Too often, record keeping is minimal. The simple need to keep immunizations up to date is easily neglected. Continuity in medical care, the need of every citizen of this country, is dramatically absent in a group of children who desperately need it.

(3) We know what kind of people the adopting parents are and the kind of home they provide are of great importance. It is important to know how they feel about adoption, about the child, about illegitimacy, about the circumstances which suggested the option of adoption to them.

(4) We know that adoptive parents have continuing problems with managing the concept of adoption once the child is in the home. For instance, many if not most of them have considerable difficulty in telling their children that, in fact, they are adopted. This gives a very real sense of threat to the relationship.

(5) We know that the "psychological" bond created between the child and parent during the critical, formative early months and years is a more powerful bond than that created by the biologic fact of birth.

(6) We know that a significant number of children are involved, perhaps as many as two to three per cent of the children in this country. We know, therefore, that this is a problem of major proportions, both in terms of the single individual and in terms of the aggregate of persons involved, the adopted child, the adoptive parents, the biologic parents, and siblings. Indeed, a good registry will give us an accurate accounting of the numbers of people involved.

But there is much more we don't know - and this lack of knowledge is complicated by the too common assumption that adoption is little different from the biologic experience.

(1) We really don't know the full extent of the influence of the child's gestational and postnatal preplacement life on the child's adjustment to adoption and on the eventual outcome of that adoption. We don't understand the complexity of the many other variables that bear on that outcome.

(2) We do not know nearly enough about the conscious and unconscious motives which bring parents to adoption. This, particularly, in a time of profound change in the American family and its life style.

(3) We really do not know how to judge whether it is better for a woman to raise her illigitimate child or to give that child up for adoption.

(4) We do not know the characteristics of a family appropriate for adoption in terms of size or the presence of biologic children in the home or, for that matter, many other variables.

(5) We are bothered by the adopted child's curiosity about biologic origin. We are uncertain as to whose rights have primacy here, the child's, the biologic parents, or the adoptive parents. We are uncertain as to the threat of that knowledge to the psychological bond and we are uncertain as to the threat to the biologic parents. Involved is our social ambivalence regarding the rejection adoption represents,

about illegitimacy, about the fact that adoption forces the child involved into a minority role.

(6) We do not know how best to tell the child about his or her adoption.

We subscribe to the United Nations statement that children have a right to affection, love, and understanding, to food and medical care, to education, to play, to a name and nationality, to special care if handicapped, to learn to be a useful member of society, to develop individual abilities, and to enjoy these and other rights regardless of race, color, sex, religion, national or social origin. We think this is appropriate. Still, in our society, we have not yet agreed that the child should have full rights. This is not assured in the Constitution. We have not yet fully decided that a child has the right to due process, or to personal legal representation - vital in many aspects of adoption. While we may be on the way to dealing with some of these issues we have a long way to go. When adoption fails, we do not know the precise roots of failure. And the human loss cannot be measured.

Given the basic needs and, hence, the rights of all children, the need to be adopted imposes a special problem and requires a special advocacy.

This bill promises real help. The obvious advantage of uniform adoption regulations and of federal subsidization to smooth the way may, in fact, in the long run, be overshadowed by the potential of a mechanism which provides for the development and sharing of information so that those of us who are invested with the responsibility for making decisions about adoption may make those decisions with more sound knowledge, much freer of the bias of our personal value judgments. This is a mechanism which can lead to the development of information not only about adoption, but about the approximately 270,000 children in foster care, and which may help us with many social, emotional problems about which there is much opinion, considerable emotional storm, and little substantive information.

For example, what is the emotional risk for the child if the parents are of a different race? Is it appropriate for a child to be adopted by a single parent, male or female? Is it appropriate for a child to be adopted by a homosexual? Is it necessarily better that adoptive parents be younger rather than older? Is it appropriate for the adult adoptee to be given full information about biologic heritage? Are the motives of parents who adopt the handicapped beyond question? We need better information, not value judgments, if human rights are to be respected.

Given the considerable barriers to appropriate adoption, given the huge gaps in our knowledge, it is clear that we need this bill.

We also need more.

We suggest that this bill be amended to:

(1) Suggest that the National Office of Adoptive Information and Services explore the mechanisms by which children in the adoption process are given advocacy, and explore whether, in that process, the children themselves have a right to counsel.

(2) Affirm that the health and medical care needs of children in need of adoption are particularly acute, particularly discontinuous, particularly dependent on a sound medical record and provide for mechanisms which would assure the continuity of care which is the cornerstone of the quality health care necessary for each of us.

(3) Provide a mechanism for funding appropriate research efforts performed with utmost scientific vigor, efforts which may help us remedy the defects in our knowledge, help us find the best possible solution for those who offer children for adoption, for those who adopt them, and for the children themselves.

I thank you very much indeed.

Senator CRANSTON. Our next witness is Msgr. Lawrence Corcoran, executive director, National Conference of Catholic Charities, Washington, D.C.

If you can follow the same procedure and summarize your statement in about 5 minutes, I would be grateful.

Your full statement, of course, will appear in full in the record at the conclusion of your testimony.

STATEMENT OF MSGR. LAWRENCE J. CORCORAN, EXECUTIVE DIRECTOR, NATIONAL CONFERENCE OF CATHOLIC CHARITIES, WASHINGTON, D.C., ACCOMPANIED BY MATHEW H. AHMANN, ASSOCIATE DIRECTOR FOR GOVERNMENTAL RELATIONS NATIONAL CONFERENCE OF CATHOLIC CHARITIES, WASHINGTON, D.C.

Monsignor CORCORAN. Thank you, Senator Cranston and Senator Stafford.

I will highlight some of the matters that are in the testimony I am presenting.

Accompanying me is Mathew Ahmann, associate director, National Conference of Catholic Charities.

I think there are two major comments that need to be made in addressing this particular subject, one which is more and more evident, I am sure, as testimony is presented to you; this is a very complex problem.

It is one that involves many, many value judgments.

I think some of the questions that are being considered now in the whole adoption field are new, some are probably as old as the whole process itself, certainly as long as I can remember, which goes back quite a few years now.

And therefore, at the same time we are seeking answers to these questions, there are children who need to be adopted.

Before all the answers are in, adoption placements will be made, and I am sure that most of them will be very, very good adoptive placements.

At the same time, some mistakes are bound to be made, unfortunately.

The basic question that we are primarily dealing with is the authority to develop substitute parents for children who do not for one reason or another have parents at the present time.

That means finding adoptive parents, making it possible for them to adopt, helping them with the special problems.

So, therefore, we do present the total testimony for the record.

The first part of it has to do with some comments that are apart from this particular bill. We make these because what we are talking about is not something in isolation, but it should be part of a whole total system, related to many other things, many other kinds of needs that should be used to support this program in trying to find adoptive homes for children with special needs.

With regard particularly to the bill S. 1593, which you have introduced, cosponsored by other distinguished Senators, we would like to make certain observations based on the background, the fact that in our National Conference of Catholic Charities, there are 142 diocesan agencies with another 382 branch agencies in practically every community in the country, certainly in every State.

Ninety-one percent of these agencies have well-developed adoption services, and 84 percent of them also have foster care programs.

While the number of adoptive placements has been decreasing in our society for a variety of reasons, our agencies report a considerable number of children with special needs who are waiting for adoptive homes. In most cases, given the proper assistance and resources, permanent families would be available to these children.

In some cases biological parents find themselves unable to adequately care for a child with special needs because the financial situation of the family, or other problems, has produced internal family tensions, leading to foster care placement.

While every effort to provide the services to strengthen that family must be made, with the objective of reuniting the family, in some cases the objective is not achieved and adoption will be preferable to permanent foster care.

In other cases foster parents are providing excellent parenting for a child, or for a sibling group, but neither they nor the children can make the relationship a permanently endurable one because of special obstacles to adoption, or because of special expenses the family is unable to bear.

In many instances a single biological parent is simply unable to care for a child and yet its special needs make it difficult to achieve an adoptive placement.

We find some families who desire to adopt but who cannot take on the burden of the special needs attendant on the adoption of some children. There may be unusual medical or social service needs; or in other cases perfectly acceptable parents simply do not have sufficient income.

Children may be hard to place in an adoptive home because of their age, or as the bill quite properly details because of a physical, emotional, or mental handicap, or because of their race, or because they are members of a sibling group which should be kept together.

The fact is that a large number of children remain in foster care homes, with no permanent relationship with legal parents, and some remain, unnecessarily, in institutions.

It isn't necessary to present your committee the case histories of children who are hard to place because they have special needs. You know the problems from other testimony you have heard. The Child Welfare League's ARENA has case histories; we have them; others have them. Estimates of the number of children in the United States with special needs who are otherwise adoptable range around 100,000.

We do know from our agencies that an appropriate assistance program could provide most of these children with permanent loving parents. The experience of our agencies in those States which have begun subsidy programs on their limited means indicates that the programs do work; 39 States now have some sort of program, but the typical State subsidy is even below the foster care payment level.

The elements outlined in S. 1593, especially section 1402 relative to assistance and subsidies, are essential to enhance present State programs and to stimulate the remaining States to adopt such programs.

I would like to comment on various provisions of S. 1593, especially the assistance provisions of section 1402.

The provision to help agencies meet the cost involved in the adoptive placement of children, section 1402(a)(1), is very important since it is becoming increasingly difficult for families to meet all of the costs involved in the placement even of a child who does not have special needs. It is not true, as some believe, that agency adoption programs pay for themselves.

Many of the problems we have in the adoption field—including part of the gray market adoption problem—arise from inadequate resources on which agencies and parents can draw.

More staff is needed, and in-service training is imperative, in the face of a rapidly changing adoption scene. Now that the rights of unmarried fathers are being clarified, the complications and costs of freeing a child for adoption, which were sometimes considerable before, have compounded and increased.

The costs of locating and freeing children in need of adoption, as well as locating suitable adoptive parents can be considerable. We would hope that among the costs met under the bill would be the funds which are often needed to pay for the trips of prospective adoptive parents to see children with special needs, whose adoption they are considering, who may be outside the State.

We have several comments on section 1402(a)(2).

Adequate prenatal and postpartum care, including adequate nutritional care are essential for a trouble-free pregnancy and to prevent the many life-long problems which arise in children whose mothers have not received adequate nutrition and care in their prenatal days. Mothers who are not wealthy, or who do not qualify for medicaid, frequently cannot afford the kind of prenatal care they need. In the absence of a universal health insurance program, we feel that these pregnant women should be guaranteed adequate prenatal and postpartum care. I might observe here, in relation to the gray market adoption problems on which this subcommittee has had hearings, that the promise of payment for full medical costs has been a factor in influencing women to move into independent adoptions.

If universal coverage for pregnant women is not able to be established at this point, we would like to urge strongly that such eligibility be granted to all pregnant women who are considering placing their children for adoption. We fear that the present language of this section relative to mothers who are voluntarily planning to place their children for adoption might have the effect of forcing an early decision on the prospective mother and weight it in favor of release of the child.

I would also mention our hope that the provision of medical and nutritional assistance, as well as other forms of assistance in the bill, will relieve prospective mothers from some of the tremendous social pressures to terminate their pregnancy by an abortion. In short, the availability of adoption assistance as outlined in the bill, should help give prospective mothers a true choice in the fact of a problem pregnancy.

We are pleased with the provision in (3) to help meet the counseling and other social service needs of children in need of adoption, and also the needs of parents.

The level of family income should be no barrier to these needed services. The fact that States may include adoptive services under title 20 is not the entire solution to the problem. This is particularly true since increasingly some service is needed after the adoption is final, and title 20 funds would not be available in such a case unless the parents' income was low enough to qualify.

We are pleased to see the emphasis in (4) on helping meet the special services required by children who have special needs. We fear, however, that the phrase "where appropriate" might suggest a means test, and urge it be dropped.

It should be made clear that children with special needs who are medicaid eligible continue to be such regardless of the income of their adoptive parents. Medical costs, often unforeseen, are one of the biggest deterrents to the placement of children who are waiting for permanent loving homes.

Since such children are medicaid eligible while in foster care situations, we urge the entitlement be carried with the child into the adoptive family.

The provision of a subsidy (5) to enable adoptive parents meet the normal living costs of the child is an essential one, and will further aid in locating permanent adoptive parents for children with special needs. We hope, in connection with section 1402(b)(3) dealing with setting the amount of assistance, that such assistance should not be limited to foster care payment levels, which in many States are pitiably inadequate, or to the levels set by the supplementary security income program.

Our first concern is that children with special needs be insured as good a future life as possible; our purpose is not to keep such children or their adoptive families at the marginal poverty level.

One might use as a guide in determining the amount of the subsidy, the portion of income needed to support a child at the BLS middle living standard.

In addition, it should be made clear in the appropriate legislation that an adoption subsidy may not be computed as income in determining the need of any family for any means tested public assistance.

Section 1402(b)(4) suggests special attention to foster parents who might be willing to become adoptive parents.

We find this so frequently the case, that we urge the intent be made more explicit here by clearly establishing a preference for foster parents willing to adopt a child in their foster care in addition to providing them the needed information under this section.

We would hope that a child would not be removed from a foster home and placed in another home for adoption if the foster home might be a resource for permanency through an adoption subsidy.

Section 1402(e)(1) which defines, "children with special needs," would fix by law that the definition include children, "for whom an adoptive placement has not been made within 6 months after such child is available for adoptive placement."

We agree with the intent of the language, but suggest that the specifics of the matter might be better left to the regulations. Experience may indicate the need to expand or contract this definition.

We do not know, for example, what the effect will be of placing all children who have not been placed within 6 months of availability within this category and what this will do to the potential early placements.

In other words, would fixing 6 months as the period discourage placements before 6 months? Permitting the definition to be modified by regulation, based on experience, would provide more flexibility than a rigid definition in the law.

The definition would limit assistance to situations involving children with special needs between the ages of birth and 18. The SSI definition of children includes them up to age 22 if they are in college, and we would urge the same provision be made here. I would also like to suggest that consideration be given to continuing the financial subsidy beyond the age of minority for children with permanent physical or mental handicaps who remain in the adoptive family and are unable, by virtue of their handicap, to contribute to the family income.

We would also suggest that special services and medical care be continued for such persons, and that counseling continue to be available to their adoptive parents.

In relation to section 1403(b)(1), since the Federal social service legislation in recent years has so heavily emphasized family planning, we would urge that consideration be given to adding at the end of the section the following: "and require that such information be available in all hospitals, health and family planning clinics, pregnancy counseling agencies and social service agencies receiving Federal funds; and require that such information be made available to all unwed mothers receiving services from such agencies and to all individuals receiving family planning information from such agencies."

In relationship to section 1403(b) (3) and (4), dealing with the setting of standards for adoption services and the operation of an adoption information system, we hope attention will be given to requiring strict guidelines to provide confidentiality to protect the rights of all the parties concerned in a prospective or completed adoptive situation. Concern for appropriate confidentiality has unfortunately been dwindling lately.

There is one gap we see in the bill as submitted, and it suggests another item which might be added to section 1402(a). Some of our agencies find that a major block to the placement of children with special needs arises out of the fact that they are hard pressed to find funds to keep children in foster care while searching for adoptive parents.

Some States are not paying for this temporary care through private nonprofit agencies.

As a result, because of the lack of private funds, the children are committed to the State. The process of transferring children to public agencies from the private sector results in additional delays in finding homes. Moving the child from one foster home to another does not help the child. Something should be done to provide the necessary funds for private agencies to care for the children who have come to their attention while they search for homes. I should make it clear that we do not feel it would be healthy if State agencies should exclusively dominate the adoption field.

In closing, we are pleased with the philosophy and direction of the proposed "Opportunities for Adoption Act."

Its passage would mark a significant step forward in efforts to locate permanent homes for many children with special needs.

At the same time, adequate prenatal and postpartum care, and an adequate adoption subsidy program should reassure mothers that others share their concern that their child receive loving care and maximum opportunity in life. Such a program should also help to relieve the pressures on mothers to secure an abortion, and should also help to eliminate the "black" and the "gray" market adoption problem.

In this latter matter, we hope the day will come when there will be legislation which will make it a crime to buy and sell babies, which will prevent perhaps well-intentioned but certainly misguided and often incompetent persons to deal in the placement of children and which will assure the proper placement of the child through a licensed agency living up to standards.

We were pleased to see the introduction of S. 1593 and we are grateful for the interest of the subcommittee in highlighting the problems of finding permanent families for children with special needs.

Thank you.

I am sorry if I went more than 5 minutes.

Senator Cranston. You advice was very, very helpful.

We appreciate very much your testimony.

Your support of the bill is very, very helpful to us.

I have some questions, but I want to yield at this time to Bob Stafford, who has to leave shortly.

Senator Stafford. Thank you very much, Mr. Chairman.

Monsignor, we certainly appreciate your testimony.

I have one question.

Do Catholic charity agencies have a policy or a view regarding placement of special needs children or indeed any other child with parents, one of whom may have a physical handicap, an amputee, for example?

Monsignor Corcoran. I could, from my own memory, right offhand recall many instances where they have placed such children with people who have handicaps of one type or another.

I would be hard pressed to identify a particular city right now, things I can think of. I remember placement of a child with a blind couple.

Senator Stafford. Well, that has been no block itself to the placement of children?

Monsignor Corcoran. No.

Senator Stafford. Thank you.

Monsignor Corcoran. Excuse me, but there has been no policy blocking it.

I think the whole question of handicaps provide difficulties and that is what the bill is intended to take care of.

I would not want my just saying "yes" right off to be construed as encompassing the fact, implying that handicaps are not some kind of deterrent.

Senator Stafford. Thank you.

Senator Cranston. Thank you, Bob.

I note that in your prepared statement you say that "Such a program should also help to relieve the pressure on mothers to secure an abortion, and should also help to eliminate the 'black' and the 'gray' market adoption problems."

I would like to say that one of the reasons that prompted me to develop legislation in this area was my very strong desire to find alternatives to abortion. I have great concerns about abortion, so I'm interested that you make that point, because I think it is very important.

How many children with special needs have Catholic Charities placed in the last year?

Monsignor **Corcoran**. I do have some figures here.

Maybe Mr. Ahmann should answer that.

Mr. **Ahmann**. It depends on how you define special needs.

Our agency last year placed, completed adoption placement on about 5,600 children. Nineteen percent were black or other minority, and 5 percent were special needs children in terms of sibling groups or age or mental or physical handicaps.

Senator **Cranston**. What do you deem to be the major obstacles to the adoptive placement of children with so-called special needs?

Monsignor **Corcoran**. I would have to give a broad answer to that, which I think would apply across the board to several things.

One is the general attitude of people toward adoption, toward caring for children, and it applies to other people, too, I think, caring for children that might provide special difficulties.

I think that whole attitudinal area there is a problem.

I think that is a reason why the public information and so forth that is in this particular field which you introduced is quite important.

I think it would be important to consider the thrust of that very, very carefully. A major difficulty is the whole financial situation.

I think there has been considerable change in the adoption field, the question of kinds of children needing adoptive placement have been highlighted, and to changeover programs, to develop the kind of staff that is being sensitive and knowledgeable and energtic about developing homes for them is a major problem.

I think that those would be a couple things.

How to weigh the multitude of reasons is difficult. When you ask what is the biggest, you name a lot of them—those are a couple.

Senator **Cranston**. In prior hearings we heard that at times there is a great deal of redtape when prospective parents work through traditional agencies like Catholic Charities. Would you comment on those reports?

Monsignor **Corcoran**. I think there are two key words there, "redtape" and "traditional."

Speaking about traditional, newer and so forth; I suppose the basic question there is if we have uniform adoptive standard, everybody would be doing it pretty much the same way, in the context of what kind of flexibility might be submitted within the standards.

But I think that there ought to be a recognition of what constitutes good standards for adoption across the country and not vary so greatly from State to State and locality to locality.

Then there would not be any question about, is the traditional agency doing it better, the newer agency doing it better and so forth?

I cannot help but make some reference to redtape also, because that is a subjective kind of term. I know I could cite instances of parents, prospective adoptive parents, who maybe have taken 5, perhaps 6, or 7 years to make up their minds, and rightly so, whether or not they want to adopt.

And they come to an agency seeking adoption and expect to get the baby next week. That does not happen and they say, "Well, too much redtape."

It is a judgmental term.

However, I think a lot of things are to be said about it, but I think there has been some redtape, and people thought there was redtape when there has not been.

I think primarily it is to focus in on what is needed, find a good home for this child as quickly as possible.

Senator **Cranston**. I certainly agree with you. It is difficult to define redtape exactly. Of course, government is the body most often accused in this regard.

Monsignor **Corcoran**. These are hardly the halls in which to speak about redtape.

Senator **Cranston**. I would like to ask you one question, and you can submit the answer in writing within 2 weeks.

The bill authorizes the appropriation of "such sums as may be necessary" to carry out the purposes of the provisions of the new title it creates.

Would you please give us your thoughts on what you feel that sum should be, so we can decide whether to put in an authorizing figure, and if so, what figure?

In replying, please keep in mind that we intend to tie this legislation into existing programs like medicare and SSI. If you could do that in the next 2 weeks, it would be very helpful, and I would be very grateful.

Thank you again very much for your support and help.

Monsignor **Corcoran**. Thank you.

[The prepared statement of Monsignor Corcoran follows:]

Placement of Children with Special Needs

Testimony
to

Subcommittee on Children and Youth

Committee on Labor and Public Welfare

United States Senate

July 18, 1975

Presented by:

Rev. Msgr. Lawrence J. Corcoran
Executive Director
National Conference of Catholic Charities

I am Monsignor Lawrence J. Corcoran, Executive Director of the National Conference of Catholic Charities. Our Conference coordinates the Catholic Charities Movement and serves some 1500 agencies and their branches and institutions in their efforts to provide human services.

We are pleased that the Subcommittee on Children and Youth is giving attention to children with special needs and are honored to have been asked to testify today. Our society has no more solemn obligation than to do all it can to insure each child the kind of loving upbringing and help which will insure as full and complete an adult life as possible.

To protect the future of children, the cardinal principle is to insure that families have sufficient income, that family life is strong and healthy, and that children have the opportunity to grow up in the permanent security of a warm and loving family environment. In that respect, we hope that when Title XX of the Social Security Act is improved, attention will be given to singling out "preserving and strengthening family life" as a specific goal in a way in which the Act presently does not do. We would hope also that the day would come when all Federal policy initiatives would be evaluated with their impact on family life in mind.

The special needs of children arise from accidents of birth, from problems of ill health, from inadequate parenting, from the inadequacy of our educational system, and from the structures of our society which treat families or children unjustly or place them in unusually stressful situations. So a panamora of programs is obviously needed to insure a child as full and productive a future human life as possible. One concern we share with many others in the field is over the fragmented approach to these problems. We badly need an integrated network of programs and supports — a rational system if you will — undergirded by a widely accepted philosophy of responsibility.

Today I would like to comment principally on the adoption problems of children with special needs. But before I do so I would like to make a few other observations on needed improvements in Federal programs to meet the problems of children with special needs as well as other children.

. We are concerned with the position of children with disabilities in the Supplementary Security Income program. First of all there is the problem of outreach in relationship to SSI. A large number of potentially eligible recipients are not yet in the program, and this seems particularly true of children. Secondly, we hope that the definition of disability in relationship to children is given the widest possible scope and is not simply based on the adult definitions. In addition, we look for passage of some such amendment as Senator Dole's S.19 to mandate referral of children to whatever kind of services they need, rather than simply the vocational rehabilitation referral which was part of the adult programs. There are other problems with SSI, and key among them is insuring an adequate benefit level as a base which will then continue to reflect the increasing cost of living.

. While we do not yet have experience under the new Social Service Title XX, I do want to mention several matters, among many, which concern us, and which will impinge on children with special needs and their families. The first deals with the matter of fees. We do not believe the Secretary should have been granted the discretion (which he has exercised) of permitting the States to charge fees for services to individuals in income maintenance status or whose family's gross income is less than 80% of the median. We also feel the safeguards relative to fees in the final Title XX regulations are inadequate. The criteria that no fee be imposed which discourages utilization of needed services should have been retained, and in addition it should be indicated that fees are merely to offset part of the cost.

Secondly, indetermining eligibility the adjustment to income of only 3% for each family member over six does not reflect actual living costs in large families.

We fear that the above problems will restrict access to needed services for children with special needs.

Thirdly, we hope the day will come when selected services, beyond information and referral or protective services, are available to those in need regardless of income. Badly needed are services for many children who are left pretty much to run on their own, and who are ineligible for many services they might need because of the income level of their family. Also needed, are parental guidance, and attendant outreach programs for any parent who feels she or he needs help. Again, we do not feel that any fee should be charged which discourages utilization of such selected services.

. Our agencies report a concern in relation to child abuse programs, that the matter of the physically abused child, because it seems so dramatic, receives greater attention as compared to the emotionally neglected child. This is a matter of emphasis in administration, of course, but I wanted to point it out because public understanding needs to be improved in this area.

. In the area of foster care, there are two matters I would like to mention. One of the most difficult problems we have with foster care under AFDC is that widely varying State standards of need and payment levels frequently result in grossly inadequate payment for child support. Overall welfare reform, to insure adequate income for all who are unemployable, is urgently needed, but there should be no delay in setting a Federally guaranteed minimum AFCD payment for a child in foster care.

My second point is only to mention how pleased we are that under Title XX foster parents will now be able to be trained to meet problems of special needs in children, and be reimbursed for those services. We hope that it will also be possible to provide preparation and ongoing training as needed to foster parents and to potential foster parents.

. The field of education reveals a sphere where preventive work would serve us well. The Children's Defense Fund study revealed nearly two million children from ages 7 through 17 not enrolled in school, largely pushed out, and an additional one million children suspended from school at least once: together, about 7.2% of our school age population. The study suggests massive problems in the field of public education generally, something which is common knowledge to most people in large urban areas. Apart from the need to generally improve the educational environment and the quality of teaching, it seems evident that research and pilot projects have taught us more than we are presently able to apply, with present organizational patterns and resource limitation. Particularly needed is a multidisciplinary approach involving people with social work skills working with the teaching staff and families to identify early potential learning disabilities, and to modify system problems standing in the way of a good educational process. There is clearly a lack of services for the student whose pre-school learning which, while it may be extensive, does not mesh with the school system's expectations. And there is clearly a lack of services for the gifted child. Some students cannot cope with the alien world of the school and/or with its patterned expectations and become confused or overwhelmed or bored and develop what we call behavior problems growing from a system insensitive or unable to adequately meet their educational needs.

I would like to comment now specifically on the need for a Federal policy on adoptions, especially as it pertains to children with special needs. We are in total agreement with the general thrust of the "Opportunities for Adoption Act" (S.1593), introduced by Senator Cranston and co-sponsored by Senators Laxalt, Mondale, Randolph and Williams and we have welcomed the opportunity, provided by Senator Cranston, to make comments on earlier drafts of the bill. Such a piece of legislation is badly needed to assist children with special needs to find the permanent security of a warm and loving family home if they are in need of adoptive parents.

Our Conference has 142 member diocesan agencies and another 350 branch agencies throughout the United States. 91% of our agencies have well developed adoption services. 84% of them also have foster care programs.

While the number of adoptive placements has been decreasing in our society for a variety of reasons, our agencies report a considerable number of children with special needs who are waiting for adoptive homes. In most cases, given the proper assistance and resources, permanent families would be available to these children.

In some cases biological parents find themselves unable to adequately care for a child with special needs because the financial situation of the family, or other problems, has produced internal family tensions, leading to foster care placement. While every effort to provide the services to strengthen that family must be made, with the objective of reuniting the family, in some cases the objective is not achieved and adoption will be preferable to permanent foster care.

In other cases foster parents are providing excellent parenting for a child, or for a sibling group, but neither they nor the children can make the relationship a permanently endurable one because of special obstacles to adoption, or because of special expenses the family is unable to bear.

In many instances a single biological parent is simply unable to care for a child and yet its special needs make it difficult to achieve an adoptive placement.

We find some families who desire to adopt but who cannot take on the burden of the special needs attendant on the adoption of some children. There may be unusual medical or social service needs; or in other cases perfectly acceptable parents simply do not have sufficient income.

Children may be hard to place in an adoptive home because of their age, or as the bill quite properly details because of a physical, emotional or mental handicap, or because of their race, or because they are members of a sibling group which should be kept together.

The fact is that a large number of children remain in foster care homes, with no permanent relationship with legal parents, and some remain, unnecessarily, in institutions. It isn't necessary to present your committee the case histories of children who are hard to place because they have special needs. You know the problems from other testimony you have heard. The Child Welfare League's ARENA has case histories; we have them; others have them. Estimates of the number of children in the United States with special needs who are otherwise adoptable range around 100,000.

We do know from our agencies that an appropriate assistance program could provide most of these children with permanent loving parents. The experience of our agencies in those States which have begun subsidy programs on their limited means indicates that the programs do work. 39 States now have some sort of program, but the typical State subsidy is even below the foster care payment level. The elements outlined in S.1593, especially Section 1402 relative to assistance and subsidies, are essential to enhance present State programs, and to stimulate the remaining States to adopt such programs.

I would like to comment on various provisions of S.1593, especially the assistance provisions of Section 1402.

- The provision to help agencies meet the cost involved in the adoptive placement of children [Sec.1402 (a)(1)] is very important since it is becoming increasingly difficult for families to meet all of the costs involved in the placement even of a child who does not have special needs. It is not true, as some believe, that an agency adoption programs pay for themselves. Many of the problems we have in the adoption field -- including part of the gray market adoption problem -- arise from inadequate resources on which agencies and parents can draw. More staff is needed, and in-service training is imperative, in the face of a rapidly changing adoption scene. Now that the rights of unmarried fathers are being clarified, the complications and costs of freeing a child for adoption, which were sometimes considerable before, have compounded and increased. The costs of locating and freeing children in need of adoption, as well as locating suitable adoptive parents can be considerable. We would hope that among the costs met under the bill would be the funds which are often needed to pay for the trips of prospective adoptive parents to see children with special needs, whose adoption they are considering, who may be outside the State.

- We have several comments on Sec.1402 (a)(2). Adequate prenatal and postpartum care, including adequate nutritional care are essential for a trouble-free pregnancy and to prevent the many life-long problems which arise in children whose mothers have not received adequate nutrition and care in their prenatal days. Mothers who are not wealthy, or who do not qualify for medicaid, frequently cannot affort the kind of prenatal care they need. In the absence of a universal health insurance program, we feel that these pregnant women should be guaranteed adequate prenatal and postpartum care. I might observe here, in relation to the gray market adoption problems on which this Subcommittee has had hearings, that the promise of payment for full medical costs has been a factor in influencing women to move into independent adoptions.

If universal coverage for pregnant women is not able to be established at this point, we would like to urge strongly that such eligibility be granted to all pregnant women who are "considering" placing their children for adoption. We fear that the present language of this section relative to mothers who are "voluntarily planning" to place their children for adoption might have the effect of forcing an early decision on the prospective mother and weight it in favor of release of the child.

I would also mention our hope that the provision of medical and nutritional assistance, as well as other forms of assistance in the bill, will relieve prospective mothers from some of the tremendous social pressures to terminate their pregnancy by an abortion. In short, the availability of adoption assistance as outlined in the bill, should help give prospective mothers a true choice in the face of a problem pregnancy.

. We are pleased with the provision in (3) to help meet the counseling and other social service needs of children in need of adoption, and also the needs of parents. The level of family income should be no barrier to these needed services. The fact that States may include adoptive services under Title XX is not the entire solution to the problem. This is particularly true since increasingly some service is needed after the adoption is final, and Title XX funds would not be available in such a case unless the parent's income was low enough to qualify.

. We are pleased to see the emphasis in (4) on helping meet the special services required by children who have special needs. We fear, however, that the phrase "where appropriate" might suggest a means test, and urge it be dropped. It should be made clear that children with special needs who are medicaid eligible continue to be such regardless of the income of their adoptive parents. Medical costs, often unforseen, are one of the biggest deterrents to the placement of children who are waiting for permanent loving homes. Since such children are medicaid eligible while in foster care situations, we urge the entitlement be carried with the child into the adoptive family.

- The provision of a subsidy (5) to enable adoptive parents meet the normal living costs of the child is an essential one, and will further aid in locating permanent adoptive parents for children with special needs. We hope, in connection with Section 1402 (b) (3) dealing with setting the amount of assistance, that such assistance should not be limited to foster care payment levels, which in many States are pitiably inadequate, or to the levels set by the Supplementary Security Income Program. Our first concern is that children with special needs be insured as good a future life as possible; our purpose is not to keep such children or their adoptive families at the marginal poverty level. One might use as a guide in determining the amount of the subsidy, the portion of income needed to support a child at the BLS middle living standard.

In addition it should be made clear in the appropriate legislation that an adoption subsidy may not be computed as income in determining the need of any family for any means tested public assistance.

- Sec. 1402 (b) (4) suggests special attention to foster parents who might be willing to become adoptive parents. We find this so frequently the case, that we urge the intent be made more explicit here by clearly establishing a preference for foster parents willing to adopt a child in their foster care in addition to providing them the needed information under this section. We would hope that a child would not be removed from a foster home and placed in another home for adoption if the foster home might be a resource for permanency through an adoption subsidy.

. Sec. 1402 (e) (1) which defines "children with special needs" would fix by law that the definition includes children "for whom an adoptive placement has not been made within six months after such child is available for adoptive placement." We agree with the intent of the language, but suggest that the specifics of the matter might be better left to the regulations. Experience may indicate the need to expand or contract this definition. We do not know, for example, what the effect will be of placing all children who have not been placed within six months of availability within this category, and what this will do to the potential early placements. In other words, would fixing six months as the period discourage placements before six months? Permitting the definition to be modified by regulation, based on experience, would provide more flexibility than a rigid definition in the law.

The definition would limit assistance to situations involving children with special needs between the ages of birth and eighteen. The SSI definition of children in- includes them up to age 22 if they are in college, and we would urge the same provision be made here. I would also like to suggest that consideration be given to continuing the financial subsidy beyond the age of minority for children with permanent physical or mental handicaps who remain in the adoptive family and are unable, by virtue of their handicap, to contribute to the family income. We would also suggest that special services and medical care be continued for such persons, and that counseling continue to be available to their adoptive parents.

. In relation to Sec. 1403 (b) (1), since the Federal social service legislation in recent years has so heavily emphasized family planning, we would urge that consideration be given to adding at the end of the section the following: "and require that such information be available in all hospitals, health and family planning clinics, pregnancy counseling agencies and social service agencies receiving Federal funds; and require that such information be made available to all unwed mothers receiving services from such agencies and to all individuals receiving family planning information from such agencies."

. In relationship to Sec. 1403 (b) (3) & (4) dealing with the setting of standards for adoption services and the operation of an adoption information system, we hope attention will be given to requiring strict guidelines to provide confidentiality to protect the rights of all the parties concerned in a prospective or completed adoptive situation. Concern for appropriate confidentiality has unfortunately been dwindling lately.

. There is one gap we see in the bill as submitted, and it suggests another item which might be added to Sec. 1402 (a). Some of our agencies find that a major block to the placement of children with special needs arises out of the fact that they are hard pressed to find funds to keep children in foster care while searching for adoptive parents. Some States are not paying for this temporary care through private non-profit agencies. As a result, because of the lack of private funds, the children are committed to the State. The process of transferring children to public agencies from the private sector results in additional delays in finding homes. Moving the child from one foster home to another does not help the child. Something should be done to provide the necessary funds for private agencies to care for the children who have come to their attention while they search for homes. I should make it clear that we do not feel it would be healthy if State agencies should exclusively dominate the adoption field.

In closing, we are pleased with the philosophy and direction of the proposed "Opportunities for Adoption Act." Its passage would mark a significant step forward in efforts to locate permanent homes for the many children with special needs.

At the same time, adequate prenatal and postpartum care, and an adequate adoption subsidy program should reassure mothers that others share their concern that their child receive loving care and maximum opportunity in life. Such a program should also help to relieve the pressures on mothers to secure an abortion, and should also help to eliminate the "black" and the "gray" market adoption problems. On this latter matter, we hope the day will come when there will be legislation which will make it a crime to buy and sell babies, which will prevent perhaps well-intentioned but certainly misguided and often incompetent persons to deal in the placement of children and which will assure the proper placement of the child through a licensed agency living up to standards.

We were pleased to see the introduction of S.1593 and we are grateful for the interest of the Subcommittee in highlighting the problems of finding permanent families for children with special needs. Thank you.

Senator CRANSTON. Our next witness is William C. Tremitiere, Tressler-Lutheran Service Associates, York, Pa.

Mr. Tremitiere, would you also please summarize the high points of your statement.

STATEMENT OF WILLIAM C. TREMITIERE, AN ADOPTIVE PARENT, AND MANAGER OF CHILDREN'S PROGRAMS FOR TRESSLER-LUTHERAN SERVICE ASSOCIATES, YORK, PA.

Mr. TREMITIERE. I would like to say that my emotion is almost like the alcoholic who has been asked to take only one drink. With a great deal of concern about the issues, I will attempt to restrict my comments.

Senator CRANSTON. Your entire statement will go in the record at the conclusion of your testimony.

Mr. TREMITIERE. I appreciate that.

We have, as of this morning, submitted additional testimony specifically related to the proposed legislation.

I appreciate the committee's invitation to testify on behalf of children with special needs who are waiting for permanent adoptive homes.

Due to the press of time, I will delete segments of my anticipated verbal testimony. They support our testimony but are not crucial.

My remarks will be based upon my experience as an adoptive parent and as a social worker with management responsibility for an adoption program designed totally for the placement of children with special needs.

Three and a half years ago, the Tressler-Lutheran Service Associates completely revamped its adoption program to focus exclusively on children with special needs.

During subsequent months, Tressler-Lutheran Service Associates has placed more than 450 children in adoptive homes with a success rate of more than 98 percent, which we attribute to a broad range of preventive and supportive services to adoptive families.

Within this experience, we have worked cooperatively with many different agencies throughout the country, as well as internationally. Much of this experience has been very positive but it has also provided the basis for my following remarks, which focus on needs and problems rather than on the successes. Too many children remain in limbo for anyone to consider the child welfare system a success.

Who are the children, where are they, and why are they not adopted? No one really knows because there is no effective program currently in existence to identify and keep track of the children who are potentially adoptable. We do know, however, that most of these youngsters are in foster care. Some of them are in institutions.

There are a variety of reasons why children are not being moved into permanent homes. We would suggest the following as the primary blocks to adoption.

Our experience has evidenced that many agencies and social workers screen out potential adoptive parents for waiting children. They often deny that adoptable children exist and they frequently discourage or turn off excellent potential adoptive parents.

Many of our most flexible and accepting adoptive parents have been turned away by a social worker or receptionist asking, "Why would you want to adopt one of those children?"

Unfortunately, many child welfare workers have considered waiting children to be "unadoptable" or "hard to place" and have, therefore, not really worked for the best interests of the children.

Agencies or individual workers often set arbitrary rules or guidelines which discriminate against the children and potential parents. They are often suspicious about people who ask to adopt a child with a known problem. Applicants may be considered too old, too young, not married long enough, inexperienced as parents, or having too many children.

For example, one of our families, the K's, had been turned away by four other adoption agencies before coming to T-LSA. Although they were seeking to adopt older children, the K's were rejected because they already had six youngsters, three of whom were in their late teens. The K's are a warm, comfortable family with a lot of love to share.

They have subsequently adopted two teenage boys. One of these young men had a history of severe emotional problems, which are no longer evidenced. This family resource could easily have been lost if the family had not been persistent enough to explore all available services.

The M's are another case in point. They had been turned away by agencies for several reasons related to preconceptions of what constituted an "ideal" potential adoptive family.

Mrs. M was considerably younger than her husband and she is a controlled epileptic. They had no children and were advised against pregnancy.

However, they loved children, and devoted much of their energy to working with handicapped youngsters. The M's have much to offer of themselves.

They have recently adopted a 9-year-old boy with orthopedic problems and a speech defect, who had been rejected from to other homes. Danny now has the love and security he needs and is adjusting beautifully. So are his parents.

Most of the children in foster care are the responsibility of public child welfare agencies. Generally, these agencies have extremely high case loads, rapid turnover of staff, inadequate training programs, and a shortage of experienced personnel. Consequently, the children's needs are not known well by their social workers and they are sometimes lost in the system which is supposedly designed to protect them.

At times, workers become so attached to certain children that they have trouble letting them go, or they may rigidly hold out for the "perfect family," which probably never materializes. At the same time, too little skill is devoted to working with the biological parents to strengthen the family for the child's possible return. Consequently, children are faced with surviving a system which really does not work for them.

By example, an agency in a neighboring State informed us that they have approximately 8,000 children in care while placing an average of only 20 children per year in adoptive homes. One of their waiting children is an 11-year-old boy who is black and was released for adoption 10 years ago. He suffered abuse in his foster home and now has a permanently damaged hip. His situation was, for all practical purposes, ignored until the foster mother deserted the family and the agency had to do something.

We submitted a potential adoptive family for this young man. After clearing through four levels of administration, the agency responded that the family appeared "too religious" and raised several questions. Our staff responded to the questions but, for 11 months, we have heard nothing from the agency, and John is still waiting for a home.

Another child who suffers from a similar plight is Willie, a 15-year-old girl, identified as a slow learner, in the care of a different agency.

After working for several months and making detailed preparations with the potential family and with Willie, her social worker left the agency. A new worker was eventually assigned to her case, who decided that she needed time to get to know Willie. Willie's hopes for adoption were canceled and she remains in limbo.

One of the major reasons that children drift in the foster care system is that agencies and the courts are hesitant to terminate the parental rights of the biological parents. I feel it is an injustice of our society which continues to consider children to be the property of their parents.

There is a great need for the rights of children to be recognized and for direct action to be taken toward their best interests. If the original family cannot be strengthened to fulfill the child's needs, deliberate and decisive efforts should be made to provide another permanent home through adoption.

The past 50 years have evidenced shattering breakdown in the fiber of American family life. Increased rates of children born out of wedlock, mounting juvenile crime rates, soaring divorce rates, and other indicators reveal that many families have not coped very successfully—also reflected by high child-abuse rates—with the pressures and rapid changes in our society. This should not be particularly surprising since very few of our available resources are directed toward strengthening the family structure.

Learning to parent or even to communicate effectively has primarily been a happenstance phenomenon rather than a planned objective. Consequently, the social service, legal and juvenile justice systems have devoted most of their respective energies to coping with crisis and picking up the pieces. A major national effort is required if we are to change this situation.

Preventive services and various supportive services could benefit most families. Adoptive and foster parents, however, present accessible and viable groups to begin with because they are assuming identified challenges and they have some degree of contact with the child welfare system.

In recent years, T-LSA has redirected many of its resources into preventive services for families and individuals. Parent-child communication courses, values clarification workshops, Gestalt therapy seminars, and congregationally based counseling centers in local communities represent steps toward preventnig problems or resolving them before they are irreversible.

Similar programs have become an integral part of our adoption study process, and the services offered to adoptive families during the supervisory period and indefinitely beyond the finalization of adoption.

Special groups are available for participation by families who have adopted children with various types of special needs. Staff are constantly challenged to remain in touch with the changing needs of adoptive families and to modify or add supportive services accordingly.

The professional literature is lacking in this subject area. Little has been written about supportive services to adoptive families because it is a concept which has received little attention.

Most agencies would contend that they provide services after adoption. However, two recent studies have revealed that most agencies and most adoptive parents do not really understand the concepts or recognize the vaues of viable preventive services.

Adoptive parents have traditionally avoided returning to their adoption agencies if problems arise. Their own expectations and those of the agencies have set them up to be viewed as perfect parents. Recognition of a need has too often been equated with failure.

It is important for agencies to be honest with their families and to be realistic in their expectations. There are no such entities as perfect families because there are no perfect individuals. Efforts should. therefore, be made to build on strengths within the family by teaching more effective communication and problem-solving behavior.

The growth of adoptive parent organizations across the country has reflected the desire of adoptive families to deal openly with adoption and to share their experiences and related lifestyles. Too often, such groups have developed. by necessity, in an adversary relationship with adoption agencies. This has occurred as a result of blocked communication and assumed differences in goals.

Fortunately, there is increasing cooperation developing between adoption agencies and parent organizations. Together they can accomplish positive action on behalf of adopted children and those who are still waiting for homes.

Adoptive parent groups can be significant in public education efforts as well as effective sounding boards to evaluate agency services. In this regard, agencies must be accountable, not only to the public which pays the bill, but primarily to the children whom they are designed to serve. To become truly effective, agencies must be advocates for the best interests of the children.

PROPOSED LEGISLATION. S. 1593

Senator Cranston and the other sponsors of the "Opportunities for Adoption Act of 1975" should be commended for drafting legislation which focuses on the need for significant nationwide efforts on behalf of children who are waiting for adoption. The proposed Senate Bill 1593 identifies several major efforts which, if effective, could facilitate the adoption of children with special needs.

Although we agree with much of the apparent philosophy behind this legislation, we feel there are a number of aspects which should be modified, deleted, or added in order to deal with the real problems affecting placement, to avoid duplication of effort, and to reduce some of the possible opposition to the bill.

Basically, we believe the bill attempts to deal with too many factors. If the objectives can be more clearly defined to confront the basic needs and to enhance the positive efforts currently underway, new Federal legislation could enable significant progress within a short period of time.

I will attempt to identify our general areas of concern and to respectfully offer several recommendations. A more detailed response appears in an addendum we submitted this morning.

It is proposed that a National Office of Adoption Information and Services be established in the Children's Bureau of the Office of Child Development of HEW and that a director be employed to supervise a variety of responsibilities outlined in the bill.

There is a need for leadership in adoption at the Federal level which can deal dynamically with the current adoption scene and the impediments to adoption. We would suggest that the person selected for such a key position be someone who has been actively and perhaps personally involved in the adoption of children with special needs. Otherwise, the potential is great for creating a bureaucratic position which could become bogged down in handling paperwork and maintaining the status quo.

As outlined, we feel the proposed position would be burdened by too many administrative responsibilities to permit time for the creative leadership which is so greatly needed.

The provision of a continuous educational program on adoption could be effectively handled by such an office and would be valuable. However, certain other proposed functions could possibly be provided more effectively by strengthening existing programs.

For instance, the Adoption Resource Exchange of North America, ARENA, operated by the Child Welfare League, has established an effective program for matching children and families. I feel that it would be more appropriate to provide additional support to this service than to establish a competitive or duplicating program.

There is also a tremendous need for developing a nationwide tracking system to identify the children in foster care and to advocate appropriate services for them. I understand there are current efforts underway to develop such a system.

Federal support and legislatively required participation in such a tracking system could be valuable. Duplicating such an effort would be a waste of resources.

While we strongly support the concept of quality standards in adoption, we oppose the creation of such standards at the Federal level because they could tend to bog down the placement of children rather than to enhance this effort.

Each State maintains standards for adoption and other child welfare programs. In addition, the Child Welfare League of America proscribes adoption standards for professional practice.

Existing standards, while important, have not done much to develop permanent homes for waiting children.

More valid, in our opinion, would be the development of clearly stated national objectives on behalf of these children. Such objectives or goals could be achieved by a variety of related and coordinated programs.

An advisory committee, as suggested in this bill, could provide the leadership in developing national objectives and provide ongoing feedback to the director from the field. It would be important that the members of such a committee be people actively involved in the successful placement of children with special needs.

Review of State laws and regulations affecting adoption, as well as consultation to those States, could possibly be provided by the director or staff rather than by the committee.

Instead of the generalized funding program for agencies proposed in this bill, we would urge that funding be made available to agencies which have proven their effectiveness in placing waiting children and to other agencies which need financial help in expanding or remodeling their programs to be more effective. Perhaps certain funds could be designated for contracting at the Federal level with proven programs to provide staff training and consultation to agencies interested in improving service.

The bill identifies the need for preadoptive, postplacement, and post adoptive services. We consider this to be one of the most significant aspects of this legislation.

There is a need, however, to clarify these objectives and to provide models for agencies to build upon. Such services could be funded directly from the Federal level.

Wherever possible, we would urge direct funding of such programs rather than sifting funds through additional bureaucratic channels, which often tend to discourage creativity and to maintain the status quo.

If a set of national standards is deemed essential, we would suggest that they be applied to the foster care system to assure all children of adequate care and necessary action in their best interest. These standards could be related to the objectives of a nationwide tracking system.

A major component of this bill would establish subsidies for adopting families. While T-LSA strongly supported the recently enacted adoption subsidy law in Pennsylvania, we would oppose subsidy at the Federal level for several reasons.

Adoption subsidy at the State and local level can be more easily justified because foster care funds can be readily converted for subsidy purposes. Administering or funding a subsidy program from the Federal level would require the creation of an additional system and increased administrative expense.

We would prefer to see the Federal Government apply influence at the State level to encourage or enforce all States to adopt subsidy programs. Although there is value in uniformity of certain programs and services, I believe this aspect of the bill would decrease its potential for enactment. Perhaps a more reasonable Federal response to the adoptive parents of children with special needs would be a tax benefit to cover adoption related expenses.

When children are adopted from the publicly supported foster care system, a cost saving is recognized. To determine the significance of this factor for our own program, T-LSA recently completed an evaluation to determine the tax dollars which were saved as a result of the adoptive placements made by our agency in 1974. The projected savings to the public amounted to $212,230—realized by the adoption of 99 children. Not only is adoption healthy for children, it is also healthy for the economy.

Adoption should offer a viable alternative for many children in foster care who cannot return to their biological parents within a reasonable time. However, a number of impediments exist which limit this opportunity for many youngsters.

While the voluntary sector may offer greater flexibility in programing to respond to this need, effective action requires cooperative commitment between public and voluntary agencies as well as the State and Federal Governments.

Dynamic leadership at the Federal level, coupled with creative and realistic legislation, which recognizes the rights of children and bolsters needed programs, can potentially result in permanent homes for all children in this country.

With this objective in mind, we submit the following recommendations for the committee's consideration:

One: Establish national objectives for the placement of all children who are in limbo into permanent homes by strengthening the original family units and by developing adoptive homes for those youngsters who are or should be released for adoption.

Leadership at the Federal level should initiate this effort with broad-based participation by appropriate involved individuals and organizations.

Two: Through legislation, recognize the rights of all children to permanent homes. Such recognition should include advocacy on their behalf to insure action for their best interests.

Additional efforts are needed to support the courts in terminating parental rights if the parents are unwilling or unable to fulfill their parental responsibilities.

Three: Develop at the Federal level training programs for the administrator and staff of child welfare agencies which are not effectively placing children into permanent homes. Such training should be designed to sensitize agency personnel to the real needs of children, to their rights, and to the opportunities offered by potential adoptive families.

The "machinery" exists for providing more effective service, but attitudes and techniques need to be changed. The Federal Government could contract with successful programs to develop and provide this training.

Four: Emphasis should be placed on the development, by all adoption agencies, of appropriate preventive and supportive services to children in foster care, foster families, adoptive applicants, and adoptive families.

Supportive services are currently offered by a limited number of agencies. These services have proven value and could be used as models for other agencies. The dissemination of these programs through contract by the Federal Government, States, or individual agencies could accomplish this goal.

Five: Strengthen existing adoption exchange systems and the proposed tracking system through Federal action to provide funding and to insure participation by the involved agencies.

Six: Provide Federal funding to expand the services of agencies which have proven programs for the placement of children with special needs.

Seven: Develop national standards to insure uniform quality care to children in the Nation's various foster care systems.

Eight: Through Federal leadership, encourage all States to establish adoption subsidy programs, which will facilitate the adoption of children with special needs.

Nine: Create a position within the Department of Health, Education, and Welfare which will initiate and coordinate national efforts on behalf of children waiting for adoption. The person or persons assigned with this responsibility should have been actively involved in the adoption of children with special needs.

We acknowledge the scientific work by the committee in developing proposed legislation to facilitate the adoption wait of children.

It is our hope that the intent of the proposed legislation will be recognized and implemented in a form which will result in real action for children.

Thank you very much.

Senator CRANSTON. Thank you very much.

I appreciate your constructive suggestions on the bill and how to make it more effective.

I do have a few questions. I am going to submit them in writing so we can stay on schedule.

Thank you very much.

[The prepared statement and addendum to testimony of Mr. Tremitiere follows:]

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TESTIMONY BEFORE THE
U. S. SENATE SUBCOMMITTEE ON CHILDREN AND YOUTH
by
WILLIAM C. TREMITIERE
as ADOPTIVE PARENT and MANAGER OF CHILDREN'S PROGRAMS for
TRESSLER-LUTHERAN SERVICE ASSOCIATES
JULY 18, 1975

TESTIMONY BEFORE THE
U. S. SENATE SUBCOMMITTEE ON CHILDREN AND YOUTH

by

WILLIAM C. TREMITIERE

as ADOPTIVE PARENT and MANAGER OF CHILDREN'S PROGRAMS for
TRESSLER-LUTHERAN SERVICE ASSOCIATES

July 18, 1975

I appreciate the Committee's invitation to testify on behalf of children with special needs, who are waiting for permanent adoptive homes. My remarks will be based upon my experience as an adoptive parent and as a social worker with management responsibility for an adoption program designed totally for the placement of waiting children.

My wife, Barbara, who is also a social worker, and I are the proud parents of fourteen children (three "home-made" and eleven adopted). As a result of adoption, our family is inter-racial and inter-cultural. Some of our children were adopted as older children, several were adopted as sibling groups, and one of our children is orthopedically handicapped. We became personally involved in adoption because we recognized the needs of waiting children and were aware that we had the emotional and material resources to provide a permanent home for some of them.

Because they are typical of countless numbers of children who wait, I would like to briefly tell you something about several of our children.

Bob became a member of our family at the age of seven after experiencing abuse and rejection and a great deal of emotional damage. He is now ten. In addition to living with his biological mother, Bob spent a period of time with his grandparents and, after rejection by his family, lived in two foster homes in the southwestern part of the United States before joining our family. He had been beaten, locked in closets, and emotionally abused to the extent that he developed an extremely poor self image and an attitude which caused him to strike out verbally or physically whenever he met frustration. Bob had a defeatist attitude which, despite good native intelligence, resulted in poor performance in school. We are just recently beginning to see real progress in Bob. He is better able to control and appropriately direct his anger and he is channeling his talents in more self-enhancing ways. He has moved from poor grades of the past to straight A's on his recent report card. We feel that his adjustments are primarily due to an increased sense of security and self-worth. Changes take time when so much early damage is experienced by children.

Mark and Monique, our six year old twins, came to live with us three years ago. It has taken most of that time for them to develop an ability to express real affection and to take initiative in any area. They are no longer non-verbal and non-responsive but it has taken three years to correct the damage done within the child welfare system, which too frequently uproots children when they need stability. Mark and Monique had been in four different homes within a six month period.

Kevin, one of our most recently adopted children, joined us just prior to his ninth birthday. Ours was his seventh home. Labeled in foster care as "hyperactive", he had received therapy as a result of the trauma caused by his rejection from a previous placement. Although he demonstrated an obvious need for affection, he had trouble genuinely expressing his feelings for others. On several occasions, Kevin has shared with us some of his experiences while in foster care. For instance, he arrived with very few possessions or clothing that fit properly. He was upset that he had to leave personal belongings with several of the foster families and that he could not go on outings with those families because he was a foster child. One of the foster mothers advised him not to become too attached because he would probably move soon - and he did.

While these are experiences of children in our family, they are duplicated in various ways by hundreds of other children throughout this Country. We find that most children leave foster care without adequate medical and dental care or even adequate records. One child, who was referred to our agency for placement, had been in foster care for fifteen years. There was less than one page documenting that experience. Health records are usually inadequate if they exist at all and very few children in foster care have any photographs of their early years or any record of their life experiences. In some ways it is as if they do not exist until discharged from the foster care system.

My wife and I value the opportunity to work in a profession and for an agency which enables us to act upon our personal commitment. Three and a half years ago, Tressler-Lutheran Service Associates completely revamped its adoption program to focus exclusively on the placement of children with special needs. During the subsequent months as a "home-finding service" T-LSA* has placed more than four hundred and fifty children in adoptive homes with a success rate of more than ninety-eight percent, which we attribute

*Tressler-Lutheran Service Associates

to a broad range of preventive and supportive services to adoptive families. Within this experience, we have worked cooperatively with many different agencies throughout the Country as well as internationally. Much of this experience has been very positive but it has also provided the basis for my following remarks, which focus on needs and problems rather than on the successes. Too many children remain in limbo for anyone to consider the child welfare system a success.

Who Are the Children, Where Are They, and Why Are They Not Adopted? No one really knows because there is no effective program currently in existence to identify and keep track of the children who are potentially adoptable. We do know, however, that most of these youngsters are in foster care. Some of them are in institutions.

There are a variety of reasons why children are not being moved into permanent homes. We would suggest the following as the primary blocks to adoption.

Our experience has evidenced that many agencies and social workers screen-out potential adoptive parents for waiting children. They often deny that adoptable children exist and they frequently discourage or turn off excellent potential adoptive parents. Some of our most flexible and accepting adoptive parents have been turned away by a social worker or receptionist asking "why would you want to adopt one of those children". Unfortunately, many child welfare workers have considered waiting children to be "unadoptable" or "hard to place" and have, therefore, not really worked for the best interests of the children.

Agencies or individual workers often set arbitrary rules or guidelines which discriminate against the children and potential parents. They are often suspicious about people who ask to adopt a child with a known problem. Applicants may be considered: too old; too young; not married long enough; inexperienced as parents; or having too many children!

For example, one of our families, the K's, had been turned away by four other adoption agencies before coming to T-LSA. Although they were seeking to adopt older children, the K's were rejected because they already had six youngsters, three of whom were in their late teens. The K's are a warm, comfortable family with a lot of love to share. They have subsequently adopted two teenage boys. One of these young men had a history of severe emotional problems, which are no longer evidenced. This family resource could easily have been lost if the family had not been persistent enough to explore all available services.

The M's are another case in point. They had been turned away by agencies for several reasons related to preconceptions of what constituted an "ideal" potential adoptive family. Mrs. M was considerably younger than her husband and she is a controlled epileptic. They had no children and were advised against pregnancy. However, they loved children and devoted much of their energy to working with handicapped youngsters. The M's have much to offer of themselves. They have recently adopted a nine year old boy with orthopedic problems and a speech defect, who had been rejected from two other homes. Danny now has the love and security he needs and is adjusting beautifully. So are his parents.

Most of the children in foster care are the responsibility of public child welfare agencies. Generally these agencies have extremely high case loads, rapid turnover of staff, inadequate training programs, and a shortage of experienced personnel. Consequently, the children's needs are not known well by their social workers and they are sometimes lost in the system, which is supposedly designed to protect them. At times workers become so attached to certain children that they have trouble letting them go or they may rigidly hold out for the "perfect family", which probably never materializes. At the same time, too little skill is devoted to working with the biological parents to strengthen the family for the child's possible return. Consequently, children are faced with surviving a system which really doesn't work for them.

By example - an agency in a neighboring state informed us that they have approximately eight thousand children in care while placing an average of only twenty children per year in adoptive homes. One of their waiting children is an eleven year old boy who is black and was released for adoption ten years ago. He suffered abuse in his foster home and now has a permanently damaged hip. His situation was, for all practical purposes, ignored until the foster mother deserted the family and the agency had to do something.

We submitted a potential adoptive family for this young man. After clearing through four levels of administration, the agency responded that the family appeared "too religious" and raised several questions. Our staff responded to the questions but, for eleven months, we have heard nothing from the agency and John is still waiting for a home.

Another child who suffers from a similar plight is Willie, a fifteen year old girl identified as a slow learner in the care of a different agency. After working for several months and making detailed preparations with the potential family and with Willie, her social worker left the agency. A new worker was eventually assigned to her case, who decided that she needed time to get to know Willie. Willie's hopes for adoption were cancelled and she remains in limbo.

One of the major reasons that children drift in the foster care system is that agencies and the courts are hesitant to terminate the parental rights of the biological parents. I feel it is an injustice of our society which continues to consider children to be the property of their parents. There is a great need for the rights of children to be recognized and for direct action to be taken toward their best interests. If the original family cannot be strengthened to fulfill the child's needs, deliberate and decisive efforts should be made to provide another permanent home through adoption.

I think the words of Gibran* relate appropriately to this concept:

> "Your children are not your children.
> They are the sons and daughters of Life's longing for itself.
> They come through you but not from you,
> And though they are with you yet they belong not to you."

Many agencies claim that the reason available children are not being adopted is that there are no adoptive parents for them. This is not the case in our experience. At the present time, we have on file the registrations of more than four hundred adoptive applicants for waiting children. Given additional staff resources, T-LSA could place more children.

*Kahil Gibran, The Prophet

A social worker from a southern state recently visited with us while placing a sibling group with one of our adoptive families. After attending one of the group study sessions for potential parents, she remarked that she wished they had such excellent potential adoptive parents back home. We suspect that the same flexibility, openness, and caring exists in every area of this country. It is primarily a matter of agencies tuning into the real needs of children and then telling their story. People will respond if given a chance!

Supportive services to Adoptive Families

The past fifty years have evidenced shattering breakdown in the fibre of American family life. Increased rates of children born out of wedlock, mounting juvenile crime rates, soaring divorce rates and other indicators reveal that many families have not coped very successfully* with the pressures and rapid changes in our society. This should not be particularly surprising since very few of our available resources are directed toward strengthening the family structure.

Learning to parent or even to communicate effectively has primarily been a happenstance phenomenon rather than a planned objective. Consequently, the social service, legal, and juvenile justice systems have devoted most of their respective energies to coping with crisis and picking up the pieces. A major national effort is required if we are to change this situation. Preventive services and various supportive services could benefit most families. Adoptive and foster families, however, present accessible and viable groups to begin with because they are assuming identified challenges and they have some degree of contact with the child welfare system.

*Also reflected by high child abuse rates.

In recent years, T-LSA has redirected many of its resources into preventive services for families and individuals. Parent-child communication courses, values clarification workshops, Gestalt therapy seminars, and congregationally based counseling centers in local communities represent steps toward preventing problems or resolving them before they are irreversible.

Similar programs have become an integral part of our adoption study process and the services offered to adoptive families during the supervisory period and indefinitely beyond the finalization of adoption. Special groups are available for participation by families who have adopted children with various types of special needs. Staff are constantly challenged to remain in touch with the changing needs of adoptive families and to modify or add supportive services accordingly.

The professional literature is lacking in this subject area. Little has been written about supportive services to adoptive families because it is a concept which has received little attention. Most agencies would contend that they provide services after adoption. However, two recent studies have revealed that most agencies and most adoptive parents don't really understand the concepts or recognize the values of viable preventive services. Adoptive parents have traditionally avoided returning to their adoption agencies if problems arise. Their own expectations and those of the agencies have set them up to be viewed as "perfect parents". Recognition of a need has too often been equated with failure.

It is important for agencies to be honest with their families and to be realistic in their expectations. There are no such entities as "perfect families" because there are no perfect individuals. Efforts should, therefore, be made to build on strengths within the family by teaching more effective communication and problem-solving behavior.

The growth of adoptive parent organizations across the country has reflected the desire of adoptive families to deal openly with adoption and to share their experiences and related lifestyles. Too often such groups have developed, by necessity, in an adversary relationship with adoption agencies. This has occurred as a result of blocked communication and assumed differences in goals. Fortunately, there is increasing cooperation developing between adoption agencies and parent organizations. Together they can accomplish positive action on behalf of adopted children and those who are still waiting for homes. Adoptive parent groups can be significant in public education efforts as well as effective sounding boards to evaluate agency services. In this regard, agencies must be accountable, not only to the public which pays the bill, but primarily to the children whom they are designed to serve. To become truly effective, agencies must be advocates for the best interests of the children.

Proposed Legislation (S. 1593)

Mr. Cranston and the other sponsors of the "Opportunities for Adoption Act of 1975" should be commended for drafting legislation which focuses on the need for significant nation-wide efforts on behalf of children who are waiting for adoption. The proposed Senate Bill 1593 identifies several major efforts which, if effective, could facilitate the adoption of children with special needs.

Although we agree with much of the apparent philosophy behind this legislation, we feel there are a number of aspects which should be modified, deleted, or added in order to deal with the real problems affecting placement, to avoid duplication of effort, and to reduce some of the possible opposition to the bill.

Basically, we believe the bill attempts to deal with too many factors. If the objectives can be more clearly defined to confront the basic needs and to enhance the positive efforts currently underway, new federal legislation could enable significant progress within a short period of time. I will attempt to identify our general areas of concern and to respectfully offer several recommendations. A more detailed response appears in an addendum to this testimony.

It is proposed that a National Office of Adoption Information and Services be established in the Children's Bureau of the Office of Child Development of HEW and that a director be employed to supervise a variety of responsibilities outlined in the bill.

There is a need for leadership in adoption at the Federal level which can deal dynamically with the current adoption scene and the impediments to adoption. We would suggest that the person selected for such a key position be someone who has been actively and perhaps personally involved in the adoption of children with special needs. Otherwise, the potential is great for creating a bureaucratic position which could become bogged down in handling paperwork and maintaining the status quo. As outlined, we feel the proposed position would be burdened by too many administrative responsibilities to permit time for the creative leadership which is so greatly needed.

The provision of a continuous educational program on adoption could be effectively handled by such an office and would be valuable. However, certain other proposed functions could possibly be provided more effectively by strengthening existing programs. For instance, the Adoption Resource Exchange of North America (ARENA) operated by the Child Welfare League has established an effective program for matching children and families. I feel that it would be more appropriate to provide additional support to this service than to establish a competitive or duplicating program. There is also a tremendous need for developing a nation-wide tracking system to identify the children in foster care and to advocate appropriate services for them. I understand there are current efforts underway to develop such a system. Federal support and legislatively required participation in such a tracking system could be valuable. Duplicating such an effort would be a waste of resources. While we strongly support the concept of quality standards in adoption, we oppose the creation of such standards at the Federal level because they could tend to bog-down the placement of children rather than to enhance this effort. Each state maintains standards for adoption and other child welfare programs. In addition, the Child Welfare League of America proscribes adoption standards for professional practice. Existing standards, while important, have not done much to develop permanent homes for waiting children.

More valid, in our opinion, would be the development of clearly stated national objectives on behalf of these children. Such objectives or goals could be achieved by a variety of related and coordinated programs. An advisory committee as suggested in this bill could provide the leadership in developing national objectives and provide on-going feed back to the director from the field. It would be important that the members of such a committee be people actively involved in the successful placement of children with special needs. Review of state laws and regulations affecting adoption as well as consultation to those states could possibly be provided by the director or staff rather than by the committee.

Instead of the generalized funding program for agencies proposed in this bill, we would urge that funding be made available to agencies which have proven their effectiveness in placing waiting children and to other agencies which need financial help in expanding or remodeling their programs to be more effective. Perhaps certain funds could be designated for contracting at the Federal level with proven programs to provide staff training and consultation to agencies interested in improving service.

The bill identifies the need for pre-adoptive, post-placement, and post-adoptive services. We consider this to be one of the most significant aspects of this legislation. There is a need, however, to clarify these objectives and to provide models for agencies to build upon. Such services could be funded directly from the Federal level.

Wherever possible, we would urge direct funding of such programs rather than sifting funds through additional bureaucratic channels, which often tend to discourage creativity and to maintain the status quo.

If a set of national standards are deemed essential, we would suggest that they be applied to the foster care system to assure all children of adequate care and necessary action in their best interest. These standards could be related to the objectives of a nation-wide tracking system.

A major component of this bill would establish subsidies for adopting families. While T-LSA strongly supported the recently enacted adoption subsidy law in Pennsylvania, we would oppose subsidy at the Federal level for several reasons. Adoption subsidy at the state and local level can be more easily justified because foster care funds can be readily converted for subsidy purposes. Administering or funding a subsidy program from the Federal level would require the creation of an additional system and increased administrative expense. We would prefer to see the Federal government apply influence at the state level to encourage or enforce all states to adopt subsidy programs. Although there is value in uniformity of certain programs and services, I believe this aspect of the bill would decrease its potential for enactment. Perhaps a more reasonable Federal response to the adoptive parents of children with special needs would be a tax benefit to cover adoption related expenses.

When children are adopted from the publically supported foster care system a cost-saving is recognized. To determine the significance of this factor for our own program, T-LSA recently completed an evaluation to determine the tax dollars which were saved as a result of the adoptive placements made by our agency in 1974. The projected savings to the public amounted to $212,230.00* Not only is adoption healthy for children, it is also healthy for the economy!

*realized by the adoption of 99 children

Conclusion and Recommendations

Adoption should offer a viable alternative for many children in foster care, who cannot return to their biological parents within a reasonable time. However, a number of impediments exist which limit this opportunity for many youngsters.

While the voluntary sector may offer greater flexibility in programming to respond to this need, effective action requires cooperative commitment between public and voluntary agencies as well as the state and federal governments. Dynamic leadership at the federal level, coupled with creative and realistic legislation, which recognizes the rights of children and bolsters needed programs, can potentially result in permanent homes for all children in this Country. With this objective in mind, we submit the following recommendations for the Committee's consideration.

1. Establish national objectives for the placement of all children who are in limbo into permanent homes by strengthening the original family units and by developing adoptive homes for those youngsters who are or should be released for adoption.
   -Leadership at the federal level should initiate this effort with broad-based participation by appropriate involved individuals and organizations.
2. Through legislation, recognize the rights of all children to permanent homes. Such recognition should include advocacy on their behalf to insure action for their best interests.
   -Additional efforts are needed to support the courts in terminating parental rights if the parents are unwilling or unable to fulfill their parental responsibilities.

3. Develop at the federal level, training programs for the administrator and staff of child welfare agencies which are not effectively placing children into permanent homes. Such training should be designed to sensitize agency personnel to the real needs of children, to their rights, and to the opportunities offered by potential adoptive families.

   -The "machinery" exists for providing more effective service but attitudes and techniques need to be changed. The federal government could contract with successful programs to develop and provide this training.

4. Emphasis should be placed on the development, by all adoption agencies, of appropriate preventive and supportive services to: children in foster care; foster families; adoptive applicants; and adoptive families.

   -Supportive services are currently offered by a limited number of agencies. These services have proven value and could be used as models for other agencies. The dissemination of these programs through contract by the federal government, states, or individual agencies could accomplish this goal.

5. Strengthen existing adoption exchange systems and the proposed tracking system through federal action to provide funding and to insure participation by the involved agencies.
6. Provide federal funding to expand the services of agencies which have proven programs for the placement of children with special needs.
7. Develop national standards to insure uniform, quality care to children in the nation's various foster care systems.

8. Through federal leadership, encourage all states to establish adoption subsidy programs, which will facilitate the adoption of children with special needs.

9. Create a position within the Department of Health, Education and Welfare which will initiate and coordinate national efforts on behalf of children waiting for adoption. The person or persons assigned with this responsibility should have been actively involved in the adoption of children with special needs.

   -Perhaps consideration should be given to the possibility of contracting for this service rather than to establish additional permanent positions within the government.

ADDENDUM TO TESTIMONY BEFORE THE
U. S. SENATE SUBCOMMITTEE ON CHILDREN AND YOUTH
by
WILLIAM C. TREMITIERE

JULY 18, 1975

The following additional comments are offered in regard to proposed Senate Bill 1593 ("Opportunities for Adoption Act of 1975"). Our recommendations and questions, respectfully submitted for consideration by the Committee, are identified by page number and line. As expressed in our testimony before the Committee, we agree with the apparent intent of the Bill but feel that certain changes would more closely relate the legislation to actual impediments to the adoption of children with special needs.

page 2: The "Findings and Declaration of Purpose" clearly set forth the reality of the situation and the need for action on a national scale.

page 2, line 18: As will be explained later, we have serious question about the establishment of uniform adoption regulations.

page 2, lines 22 - 25: The term "certain" is used several times in this section. We believe this requires considerable definition. Except for expanding effective programs, we don't believe the major problem is financial - but attitudinal.

page 3, lines 4 - 13: The establishment of such an office at the federal level, particularly if staffed with dynamic leadership, would provide momentum for the placement of children with special needs. We question, however, the effectiveness of such an office in accomplishing all of the tasks outlined. Insuring quality standards is difficult even at the state and local levels. Perhaps the protection of children's rights is more of a judicial matter to be recognized and guaranteed through the courts. We believe that support should be given to strengthening the existing exchange systems (particularly ARENA) to make them more effective rather than to create a new system within the federal government.

page 3, lines 15 - 20: Representatives on such a committee should be people (agency representatives from the "front lines" and adoptive parents) who are actively involved with the placement of children with special needs.

page 3, line 25 - page 4, line 25: A review of laws and regulations may, more appropriately, be a staff responsibility - particularly in consultation to the various states. A committee could effectively relate to conditions and practices.

We seriously question the appropriateness and effectiveness of establishing uniform adoption regulations or standards at the federal level. However, such a committee could provide leadership and motivation by identifying national objectives for the placement of waiting children, and then helping to provide various means for achieving those objectives. Federally funded model programs and staff training opportunities could be potential tools for increasing effectiveness within the present "system".

With the current wording and responsibilities outlined in the Bill, confusion would exist in regard to the interstate compact.

page 5, line 12 - page 9, line 13: It may be somewhat unrealistic, although valid, to expect states to provide matching funds for such programs. Financial support for public child welfare services varies between states in amounts and the source of funds. We would suggest that such funds be made available on a direct grant basis to agencies which have proven programs and to agencies which need funds to revise or expand their services and have made a valid commitment to the placement of waiting children. Such funds could also be utilized to contract with proven services to develop training and sensitizing programs for agencies which are not currently meeting the needs of children.

Preventive and supportive services to waiting children, foster families, and adoptive families are seriously needed. However, such services are not currently understood or provided by many agencies. It would be helpful to define them more clearly in the Act.

We question the appropriateness of providing federal funds for prenatal and post-partum services. This would raise a number of philosophical questions and, if enacted, could be costly and cumbersome to administer.

Counseling to the identified client groups should be an integral aspect of agency services or available through referral. This is a form of supportive services.

We strongly support the adoption subsidy concept at the state level but would oppose such a program at the federal level because it would be difficult and extremely expensive to administer. In our opinion, it would be more appropriate to encourage or require adoption subsidy provisions in each state. Uniformity has its merits but we believe such a component in this Bill would reduce its chances for enactment.

page 9, lines 14 - 17: We agree with this statement but it appears to conflict with the previous several pages of the Bill.

page 10, line 15: We are encouraged to see the inclusion of "dental" needs in this definition. We find that many children leave the foster care system with extremely poor dental health.

page 11, line 1 - page 12, line 25: As previously stated, we feel that such an office could influence significant efforts on behalf of waiting children if given the flexibility, authority, and funding to launch action programs. However, with the currently defined tasks, we believe that such an office and staff position would become bogged-down with administrative duties which would soon diminish the value of such an investment.

If the objectives were defined to focus on a few key responsibilities, which would confront the real impediments to placement, progress could be realized in a relatively short period of time.

We feel that it may also be worthwhile for the Committee to consider the merits of contracting with a non-governmental organization to provide the necessary leadership and services.

Conclusion:

It is encouraging that these issues are being seriously considered by Congress. We are hopeful that positive action will soon be taken on behalf of waiting children.

If there is any way in which we may be of further assistance to the Committee, we will be pleased to cooperate.

note: The attached article is included with this addendum because it further identifies the needs of children and the opportunities provided by adoptive parents.

Respectfully submitted,

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Page 527 contains a copyrighted article, "There are Children Waiting," by Cathy Barnett. It appeared in The Sunday News, Lancaster, Pa., July 13, 1975 and is not available for reproduction.

Senator CRANSTON. Our final witnesses are Mark and Patricia Kravik and Linda Dunn from the Council on Adoptable Children.

STATEMENT OF MARK AND PATRICIA KRAVIK AND LINDA DUNN, COUNCIL ON ADOPTABLE CHILDREN, INC., OF METROPOLITAN, WASHINGTON, D.C.

Mrs. KRAVIK. You have our written statement, and we hope you will look at it.

Senator CRANSTON. It will be included in the record and it will be studied with care, I assure you.

Mrs. KRAVIK. What we would like to do is talk from our hearts.

We are adoptive parents. We have five children; two are adopted, one moderately mentally retarded.

We would like to talk to you about the problems we have encountered, the kind of things we know are real deterrents to adoption, and what we see in the bill to be effective.

We represent COAC of Washington, Maryland, and Virginia. It is a child advocacy organization, but we also are standing here as parents of a handicapped child, and are aware of all those things that other parents have come to us with, what the problems are that are hindering them.

We are focusing on a mentally retarded child. This is a child that has been shown to have the greatest obstacle to adoption.

We think this legislation has to deal with these problems.

When the agencies are called, they are told by parents, "I will accept any kind of child but a mentally retarded child."

People will come up to me in a supermarket or a playground and say, "I could adopt a child like that if I only had the money to afford it, if I could only pay for the medical bills, if there was only a school or day care center available."

These are the kind of issues we think need to be dealt with.

A biological family does not give up on a child when there are adequate therapy programs, day care centers, and public education facilities for their special needs child. Neither does a family rush forth to adopt such a child when these facilities are lacking.

In the District of Columbia, only 40 percent of the handicapped children have a program of any kind. There is not an incentive to adopt when you know your child will not have a therapy program, special education center. These things have to be dealt with.

We find that a national subsidy bill is good, to have State subsidy is good. If there are no community services on the local level to use that money, then it will be to no avail.

We would specifically like to address ourselves to some things that have come up, the idea that subsidy ends at the age of 18.

We feel this is entirely satisfactory when we are discussing 99 percent of the children for whom adoption subsidies were designed—the older child, sibling groups, or children with mild or corrective handicapping conditions.

For very few children, they will be dependent for life. I am talking about children mentally retarded. They are legally dependent on you throughout life. They will be physically and emotionally dependent.

We have come across this ourselves.

These conditions do not terminate on a child's 18th birthday as this legislation implies. To tell a prospective adoptive parent that any assistance for this child's special need will totally disappear at age 18 is definitely a deterrent for adoption.

In the case of a child with cystic fibrosis or spinal bifida, the parents will still be confronted annually by thousands of dollars of medical and hospital bills, bills for which no insurance company will accept coverage since these are preexisting conditions.

We feel that the term "adoptable children" must be expanded. We would like, in terms of the National Computerized Exchange report, that it not only include children in foster care but institutionalized children as well that are in need of adoption, mentally retarded and emotionally disturbed children in institutions, children with medical problems now in hospitals, children that have been adjudicated by a court and juvenile facilities in order for them to have equal access to adoption exchange placements to also be included.

We talked many times during this week about inservice training for social workers. We feel this should go beyond social workers, that the whole range of professionals and prospective parents need this kind of training.

As far as pediatrics, I think some statements were made by Dr. Seidel this morning which were very doubtful and conservative toward parents who are adopting.

I think we get agency people who are achievement oriented, middle-class people. They would not adopt children like these, and they have doubts and suspicions when someone else would want to.

Among the types of families who are adopting today, there is a whole new group who are looking at parenting in a different way. They do not have the same kind of aspirations for their children to become President of the United States or college educated. They are looking for these children to be the best possible persons they can be, to the best of their potential.

We think we need to start looking differently at that type of adoptable child and what kind of family can best meet that child's needs. We would hope that in including these children in recruitment programs, we will start looking at them, not as clinical descriptions, but in human terms, using the media to the fullest, and describing them as human, and showing what their needs are, as well as describing the rewards they can bring to a family.

The last thing I would like to talk about is the willingness to take risks. We have seen Spaulding do this. They have been a pioneer in the field of placement of what were called unadoptable children with nontraditional families. They have proven it can be done.

We would like to see this bill and the grants of assistance and educational training look at that as a model and make demonstration projects incorporating these throughout existing agencies now to show these things can be done successfully.

Finally, we would just like to say with inservice training, we want consumer representation. We need not just specialists in the field of adoption, but adoptive parents of handicapped children; handicapped adults, people who know this field and can give practical feedback on it.

We feel that kind of representation is needed, not just professionals, but people who are really familiar with the problems involved.

We would like to see opportunities for all these children to be adopted. We look forward to cooperating in any way we can.

Senator CRANSTON. Thank you very much.

Mr. Kravik, do you want to add anything?

Mr. KRAVIK. No.

Senator CRANSTON. Your testimony is very helpful, and I thank you for your strong support of the bill. It is particularly helpful to have you as witnesses because of your own personal experiences with adoption. And we are very grateful to you on behalf of the committee.

S. 1593 authorizes funds for adoption assistance and services in five particular areas. I will read those areas because you may not recall all of them, and I would like to ask you which is the most important and if there are any other areas that are not covered, that you think should be covered.

The areas begin on page 5 line 20 of the bill. Assisting:

> (1) Such agencies in meeting the cost involved in the adoptive placement of children with special needs (including identifying children in need of adoption, locating and counseling their parents, freeing appropriate children for adoption, locating suitable homes for such children, and providing preplacement and postplacement and postadoptive counseling to children in need of adoption and to prospective and actual adoptive parents);
>
> (2) Such agencies in meeting the cost of providing prenatal and postpartum services to mothers, voluntarily planning to place their children for adoption, who are unable to assume such costs, in order to protect the health and welfare of both the mother and child; but only to the extent that assistance under other Federal or State programs in the community in question is not readily available to provide adequately for such services;
>
> (3) Such agencies in meeting the cost of providing for professional counseling and other social services to children in need of adoption, to the biological or legal parents of such children, or both, and to prospective and actual adoptive parents and foster parents in order to assist them in providing a supportive and healthful family environment;
>
> (4) Assisting adoptive parents in locating and, where appropriate, defraying the cost of, postplacement and postadoption special services to children requiring such services as a result of conditions which existed prior to their placement or adoption, up to an amount not exceeding the amount which similar services would cost the State in question were it to provide or secure such services as the guardian of such children; and
>
> (5) Prospective adoptive parents, who would consider adoption but for their financial inability to meet a child's needs, in defraying the postplacement and postadoption cost of supporting children with special needs, in amounts of assistance determined by the Secretary to be adequate to enable such adoptive parents to assume responsibility for raising such children (including payment for legal fees and court costs, pursuant to an adoption assistance agreement).

Which are the most important, and are there other areas which you feel should be covered that are not now?

Mr. KRAVIK. I think meeting the needs of the costs for adoption of special children and for helping the agencies identify those children that are adoptable.

Agencies have a very narrow vision in this area. They are automatically excluding many, many children as not being adoptive, because they themselves, with their aspirations for their families will not consider them, so they automatically assume that other people would not consider them.

Senator CRANSTON. Did you have a comment, Mrs. Kravik?

Mrs. KRAVIK. I think it is No. 4, assisting adoptive parents in locating and, where appropriate, defraying the cost of, postplacement and postadoption special services to children.

This is a critical need throughout. They are left with this burden alone, the biological and adoptive parents.

All parents need help. We need schools, day care centers, camps, but these parents do not have them, so we are going to need extra funding to help them to provide those things.

Senator CRANSTON. Do you have any comment with respect to No. 5 at the top of page 7?

Mr. KRAVIK. I would just like to make one point of emphasis.

You have asked the previous witnesses the same question, and that is, when should the subsidy end, whether it is at majority or what, and from the adoptive parents' point of view, the greatest disincentives of children with special need is having a subsidy end at age 18, because that is exactly the time I am going to be in my forties or fifties, and looking for a change in my life, and my income would be reduced, but my children's needs will remain the same.

There are not adequate programs to provide types of employment, to provide shelter or living arrangements in group homes or sheltered apartments. Those people end up in institutions, and without that provision of continued subsidy, people will just be reluctant to adopt those children so that many of them will be spending their entire lives in institutions at a tremendous cost, not only financial, but to the child as well.

You know, as I listened to the witnesses, the professionals were kind of divided, but I was struck to hear our professionals indicating that, at age 18, that is all that is necessary. But if you talk to parents, every parent that we have ever talked to in this area has indicated that it just has to go beyond age 18.

I think that highlights the necessity for going beyond age 18, but also highlights the necessity for some inservice training and even professionals in the area seem to lack the sensitivity to the needs of the parents or the needs of the children.

Senator CRANSTON. Under what circumstances would you determine that the assistance should go beyond age 18?

Mr. KRAVIK. There are a number of handicapped individuals who, if they lived in a home, could maintain an income that would allow them to support themselves. There are a number who would not be able to support themselves completely, and it would be my guess that the amount of expenditures or costs for certain services that they need, whether they are medical, counseling, social services, or just some kind of supervision, because their reading skills are not adequate to earn some kind of money to pay the bills in a complex society.

Mrs. KRAVIK. I specifically, on page 5 of my testimony, took an eligibility requirement that was put into the New York State law to extend insurance to children who are in families that are mentally retarded, to keep them within this insurance policy, and it is as follows:

> Eligibility may continue until the child reaches 18 years of age or to any child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation, physical handicap, emotional disturbances, or medical condition, and who became so incapable as a result of such condition prior to their placement or adoption and prior to attainment of age 19.

This bill was passed in New York and it did not add any extra burden onto medical payments, so the cost effectiveness has been proven before.

As I say, it is such a small amount of children who will be dependent. The mildly retarded child will have employment. He will be a taxpayer. We are talking about the child who had cystic fibrosis, who is going to cost $2,000 a year.

What is that family going to do the year after he turns 18?

He is not eligible for medicaid. The child with spinal bifida needs surgery.

If there is another alternative—perhaps we need to amend our insurance laws, as was done in New York State.

Senator CRANSTON. I think you have made a very strong point, and we will look into that and see what might be an acceptable and an appropriate solution to it.

How do you feel present Federal programs for foster care and adoption either hinder or facilitate adoptive placements of special needs children?

Are there some that actually hurt?

Are there some that help more than others?

Mrs. KRAVIK. In terms of special needs children, I think the idea is that, philosophically, there should be adoption as a more secure thing. It is the ideal.

But, in order to meet their needs, foster care is bad in terms of medicaid; that is a reality.

The adoptive parent cannot pay $7,000 a year for a school. Medicaid will provide that. That is an incentive to keep a child on foster care.

Any national legislation we see must provide for those support services.

Senator CRANSTON. What do you view as the major obstacles to the adoptive placement of children with special needs?

Mrs. KRAVIK. Such as to what we have said, to provide the moneys for support services, and this has to be across the board, and the more children that are adopted, the more accepting society becomes.

I believe adoption will increase more and more for the special needs children.

Mrs. KRAVIK. There are people, parents, who are willing to adopt special children with their special needs now. There are not agencies willing to place children with those families.

Senator CRANSTON. I would like to ask Linda Dunn how the 5-year limited subsidy approach in California is working.

Let me start with that question to you, and then you may go on.

Miss DUNN. It is with a great deal of pride that I say that I am from the State of California, and that Senator Cranston is our Senator.

Senator CRANSTON. Thank you.

Miss DUNN. Senator Donnelley had the adoption bill of 3 years extended to 5 years. I know personally many foster parents who wait until their child is 13, 14, or 15 years old before they apply and make that child a permanent member of their family, taking risks in the waiting.

If the husband is transferred out of State, it is very probable the child cannot continue. There are many risks taken so that they can obtain the subsidy until age 18, and still be paid as foster parents up until that time.

There is a very definite need for a lengthening of the time for the subsidy.

While we are on the subsidy too, there is a need to be able to obtain only the medical. Senator Donnelley says you must have some money coming to the family.

There are some families that do not want to have money coming to them to help with the living expenses of their child, they feel this is somehow a put down, but they need the medical card. It should be provided that they can get only medical if they wish.

Senator Cranston. You said you wanted to speak at the end. Do you want to proceed?

Miss Dunn. Yes. I have heard so many needs today in so many problems, and I am sitting here with behind me a tremendous potential for help—and I think that perhaps this is the time to offer this help.

Who better than adoptive parents can really find what kind of child is adoptable?

Who better can recruit homes?

Who better can tell the agencies what kind of innovative programs are going on in other part of the United States than those adoptive parents?

Through the sensitivity of Senator Donnelley in his appointing adoptive parents—I was appointed to his advisory task force to the Senate Select Committee on Children and Youth in California, and because of that help, as documented in the statement, we now have in California a book picturing available children, available to every adoption agency in the State, and it is updated weekly.

It is because adoptive parents can speak with authority, with experience and with no vested interest behind them.

Senator Cranston. This book covers the children who are available in your area?

Miss Dunn. These pictures are from the Illinois Adoption Listing Service. It was used as a model.

The California system was to be operational last month.

Senator Cranston. Would this cover all children in California?

Miss Dunn. All children that are available, yes.

This took place because of my chance to meet with the coordinator of the Illinois Adoption Listing Service, because of my chance to speak to the public, and to private agencies, to State officials, and to continue to speak from a viewpoint that they simply could not turn a deaf ear, and that is from a viewpoint of a completely non-vested interest.

I think adoptive parent groups have come to an expertise at this time. We have the North American Conference; we have a 27-member board; we have people who are willing to volunteer their time and expertise, and I think you, Senator Cranston, and the members on the Senate Children and Youth Committee, should take a step to fully include adoptive parents as advisors.

I think you can lead the wave. Senator Dymally led the wave on a State level, I think you can lead the wave on the Federal level.

As far as pictures of available children, available children will not get placed until people know they exist, and there is no better way to know they exist except to picture them.

I have heard statements here by the doctor, and by others who have cast aspersions on the reasons that people adopt.

I think whenever you speak of adoptive parents you need to divide them into two groups, those who adopt because of infertility, who adopt children for their family, and those who add to their biological children, the children who need a home, who are speaking directly to the child's needs.

I know of two cases where a family has gone to an agency and said, we feel we can parent just about anything. We are flexible. We do not have a lot of feelings that our children have to grow up to be anything that fantastic.

They have said, we could accept multiply handicapped children. When they saw the book listing available children, in two instances people who said they could accept a multiply handicapped child ended up with five siblings.

No social worker is going to be able to say, what can you parent? You cannot sit down to a blank piece of paper and say, I can accept this, or this, or that. You can look at a child and say, I can accept this child, he may be mentally retarded, but I accept him as a child first.

So it should be with a Federal program. There are pictures, but they are limited, and they are mated to agencies. It is this sort of incursion of adoptive parents and what their abilities to recruit are.

Somebody said something, I feel like I am at an AA meeting. There is no better person who can say they have adopted a child, how would you like one like ours, who can say it better.

I think your adoptive parents are a resource, and I would hope that you would lead the way in recruiting them in the policymaking decisions.

You have COAC in Washington, D.C., and the people there are just fantastic. You have some here. It is better documented in the statement.

You asked a few questions. Am I going to get to answer those, too?

Senator CRANSTON. I want to assure you that although we cannot specify in the bill precisely who will make up the Committee on Uniform Adoption Regulations, we can, in the accompanying report language, mention which specific groups should be represented, and we certainly will include parent groups such as COAC.

Miss DUNN. There are only two points I would like to speak to regarding the bill.

The North American Council is meeting tomorrow, and we will give you a written statement to the bill, step by step.

Senator CRANSTON. Will you make sure that comes to us in the next 2 weeks?

Miss DUNN. Yes.

[The material referred to appears in the record at the conclusion of Miss Dunn's testimony.]

Miss DUNN. There are two points in the bill I would like to stress.

On page 6 there is a requirement of the natural mother to relinquish the child before she gives birth. This really should be changed to when the natural mother considers adoption, because in California it is illegal to relinquish before birth, and I imagine this is so in other States.

The other is on page 10, the definition of special child having been one that has been available for 6 months. I think this is very good. I think if they change those so that we have a longer period of time, the agencies more than likely will accept the longest period of time possible.

Adoptive parents, if they know that a special child will be available for 6 months, they can hold agencies accountable in placing children as quickly as possible, because they can say, look, if this child is not placed within 6 months, it is going to be special needs, it is going to cost the State a whole lot, and we will let our Senators and Representatives know about it.

I think that the kind of adpotive parents that you see in the groups here in Washington, D.C., and in the North American groups are the kind that would hold agencies accountable.

This is the very difficult thing about the whole bill. I do not see accountability of agencies, and that is a very vague, unsatisfactory way to end a statement, but we will get something in writing.

Senator CRANSTON. I think it is a good way to end a statement by raising questions, and I assure you we will look at them with care.

You have been very helpful witnesses, and I appreciate your testimony very much, and thank you for your helpfulness and constructive attitude and advice to us.

[The prepared statements of Mr. and Mrs. Kravik, Miss Dunn, and additional material subsequently supplied follow:]

JOINT STATEMENT OF

MARK AND PATRICIA KRAVIK,
COUNCIL ON ADOPTABLE CHILDREN, INC.
OF METROPOLITAN WASHINGTON, D.C.

BEFORE

THE SUBCOMMITTEE ON CHILDREN AND YOUTH,
SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE
U.S. SENATE

July 18, 1975

Our names are Mark and Patricia Kravik. We stand before you as consumer advocates for those special need children for whom S. 1593, the "Opportunities for Adoption Act of 1975" was written. Parents of five children, two of whom are adopted, we have adopted a moderately mentally retarded child. It is through him that we have learned first hand the problems and difficulties as well as the joys and rewards of adopting a child with special needs. Our interest in special needs children has led us to involvement with Council on Adoptable Children (COAC), a non-profit, tax-exempt chid advocacy organization composed of involved citizens, adoptive parents, social workers, and other professionals representing the states of Maryland, Virginia and Washington, D.C. We have also led workshops and training sessions on parenting handicapped children as well as published articles and a film on adoption and support services for the handicapped. In addition, Mark Kravik is Reintegration Program Director for the National Children's Center in Washington, D.C. a federally funded demonstration project which returns mentally retarded children and adults from institutions to foster and group homes in the community.

For the purpose of this discussion we shall concentrate primarily on the handicapped child in need of adoption particularly the mentally retarded child. In part because it is the field with which we are most familiar but primarily because it has been shown in past and present research that mental retardation, more than any other characteristic, is the condition most likely to prevent adoption of a child.[1] It follows, therefore, that any legislation aimed at facilitating adoption must give major consideration at aiming its proposals to the special needs of the mentally handicapped child since it is precisely this condition that stands as the greatest obstacle to adoption.

We thank you for this opportunity to tell others about children who can not necessarily advocate for themselves. There are three basic underlying concepts which we feel need to be kept in mind when discussing the adoption of children with special needs. First, that the maintenance of the child in the biological family should be the primary goal. Adoption should never be a replacement for adequate support and rehabilitative services to the initial family unit. The first priority should be to provide every effort and community support service to maintain the integrity of the original family unit. It is only when all these resources have been exhausted that the alternative of adoption is approached. Moreover, keeping in mind that the handicapped child's special needs pose a real drain on the family's resources not only financially but in time, energy, and emotion as well it becomes clear that if the necessary preventive and supportive services were initially available to the community to hold together the biological family of the handicapped child that many of these children would not be entering the public welfare system or life-long residential care institutions to begin with. A biological family does not give up on a child when there are adequate therapy programs, day care centers, and public education facilities for their special needs child. Neither does a family rush forth to adopt such a child when these facilities are lacking. In the District of Columbia where we reside currently only 40% of the handicapped children have a program of any kind. Try telling a prospective adoptive parent of a special needs child that 60% of these children lack even the basic right to education and see what an incentive that provides for adoption. Or that there is no day care center or summer camp program or even a babysitter available for these special needs children.

We cannot separate the needs of the biological handicapped child from the homeless handicapped child. The two are intertwined and inseparable. Providing the necessary services to all handicapped children and their families will solve the problem on both ends of the spectrum. With adequate community support services and opportunities for education the biological handicapped child receives the necessary services to remain with his original family unit while the homeless handicapped child receives the same services which will act as an incentive to induce a family to adopt him. We feel that this single issue of support services is the most critical area to be met both by the specific proposals in this bill and throughout the society as a whole. Families are relinquishing children for adoption for the same reason that people do not want to adopt them: The total burden is thrust on the family of the handicapped child. Provide adequate programs and support services for handicapping conditions and you will no longer have a problem with handicapped children in adoption. Continue second rate, inferior, inadequate programs and these children will continue to be impossible to place.

Second, it hardly seems necessary to once again repeat here the obvious economic arguments whereby it has been proven profoundly and consistently to be beneficial on a cost analysis basis to place handicapped children in adoptive homes where they become self-supporting tax payers in the community rather than residents in institutions and a drain on the community at a cost of approximately $400,000 for lifetime custodial care.[2] In The Economics of Mental Retardation Dr. Ronald W. Conley does an excellent in depth analysis on this subject and his final conclusion is that any original expenditures made to initially recruit and subsidize adoptive homes, no matter how large in the beginning, can only cost the nation less in the long term since adoption as opposed to institutionalization would make them productive, independent, self-sustaining members of the community capable of gainful employment rather than recipients of the welfare system.

Third, we would like to state here most emphatically that there must, in all levels of implementation of this proposed legislation, be an end to the myth that certain types of children are unadoptable. This is a crutch too long used by agencies who were failing to expend the extra effort necessary to energetically recruit, develop, and support adoptive homes for special needs children.

> What about the child whose problems are severe - the severely retarded child, the emotionally disruptive child, or the child with a physical condition that requires constant care? Are there really families willing to accept such children with all the potential for disruption that their problems entail? Are there families willing to take a child whose chances for survival are unknown, a child who will be dependent for life, a child who requires extensive surgery or medical expenses.[3]

These are precisely the kinds of questions that a recent research project called Finding Families for the Children asked and found overwhelmingly positive answers to. Funded by the Children's Bureau, Office of Child Development, Health, Education, and Welfare, this study covered ninety public and private agencies in six states. These agencies demonstrated that with active recruitment, available subsidies, and adequate support services to the adoptive family that parents can, indeed, be found for children with severe special needs and multiply handicapping conditions. Just a glance at some of the children placed makes clear that we can never again label any child as unadoptable:

hemophilia
cerebral palsy, epilepsy, and retardation (all in one child)
muscular distrophy
spina bifida
blindness
Down's syndrome
cystic fibrosis
severe heart anomolies
atrophy of the brain
severe disfiguring burns on face [4]

Perhaps some of these handicapping conditions are not the kind of thing that every parent or every social worker will feel comfortable with, nevertheless, the fact has been proven that some family some where has come forth for every kind of child with every kind of need. Moving from this point the question now becomes: Does the "Opportunities for Adoption Act" provide the specific proposals necessary to reach these families and truly facilitate the adoption of special needs children?

We can only agree that the major recommendations of the "Opportunities for Adoption Act" have long been needed: uniform adoption regulations, a national computerized exchange, a National Office of Adoption Information and Services, and improvement of pre and post adoptive services, subsidies, and education. Primarily we would like to address ourselves to those specific provisions which we feel need further elaboration and enlargement in order to be truly effective in implementing the adoption of children with special needs.

First, the term children with special needs as defined "between the ages of birth and eighteen years" (Sec. 1402, p. 10, line 3) is satisfactory when we are discussing 99% of the children for whom adoption subsidies were designed: the older child, sibling groups, or children with mild or correctible handicapping conditions. All these needs can be met by a short-term subsidy or one time payment to meet a specific need. For a very minute number of children, however, the nature of their handicapping condition is so severe that they will always remain in a state of financial, legal, and physical dependency. As one foster parent of a Down's syndrome child candidly stated: "It won't mean a damn thing when Lisa turns 18!" Similarly, a chronological age of 18 years is of no consequence to the child with cystic fibrosis, spina bifida, or cerebral palsy. These conditions do not terminate on a child's eighteenth birthday as this legislation implies. To tell a prospective adoptive parent that any assistance for this child's special need will totally disappear at age 18 is definitely a deterrent for adoption. In the case of the child with cystic fibrosis or spina bifida the parents will still be confronted annually by thousands of dollars of medical and hospital bills - bills for which no insurance company will accept coverage since these are pre-existing conditions.

As adoptive parents in this same position we have personally contacted over 50 insurance companies both locally and nationally in an attempt to obtain medical-hospitalization insurance coverage for our little boy who is brain damaged. The response was consistently negative. For any chronic, non-correctible, major medical or handicapping condition of a pre-existing nature they could not provide coverage either prior to or after age 18. Our little boy has already undergone massive seizures requiring medication, two operations involving major brain surgery, three months of hospitalization, and extensive physical and speech therapy. Doctors have informed us that it is not only possible but quite likely that he will undergo future seizures requiring further brain surgery and hospitalization. This can as easily occur after his eighteenth birthday as before. If it happens after 18, however, we will be faced with insurmountable medical costs. This is a real fear, a real deterrent to adoption for the parent of a child with a severe handicapping condition or permanent medical problem. Our child has an I.Q. in the range of 35-40, he will always require the care and shelter of our home and family. We fully understand what this challenge of parenting on a permanent basis involves. What we cannot accept are the insurmountable costs that medical treatment, hospitalization, therapy programs, or rehabilitative services will require for the moderately to severely handicapped child such as ours after age 18.

In a recent survey conducted by the Montgomery County Association for Retarded Citizens in Maryland the greatest problem articulated by biological families of handicapped children was the ultimate concern, not for the immediate needs of the handicapped child, but for his or her future as a handicapped adult. The greatest obstacle to biological families is likewise the greatest obstacle to adoptive families. The "foreverness" of a burden is something no one can accept. As adoptive parents we are willing to accept part of that burden - the aspect of parenting for a lifetime. What we cannot carry, in these times of diminishing resources and economic inflation, is the insurmountable financial burden of extensive medical and therapeutic services that our child will continue to require after 18 years.

We personally know a number of foster families who would be ready tomorrow to adopt if they had these reassurances for extended support services after age 18: Kathy, a two year old spina bifida child in Virginia; Timmy, a deaf and retarded baby in Virginia; Larry, an autistic four year old with severe behavioral problems in Virginia; Lisa, a three year old with Down's Syndrome in Maryland; Brian, a blind and retarded four year old in Washington, D.C., and Laurie, a developmentally disabled two year old permanently paralysed from the waist down in Washington, D.C.

These are precisely the children that this legislation should be facilitating the adoption of. In the past because of their double burden of homelessness combined with a severe handicapping or medical condition they were for the most part shunted into state institutions, warehouses for human beings. Instead, we have today foster families coming forth saying they want to adopt these children right now if they are given the necessary extended support services. Not to give them the long term services that would make this legislation truly effective in terms of facilitating adoption is condemning these children to lifetime foster care and/or institutionalization instead of the permanent adoptive families which they deserve.

In the past year when we made this same request for special services beyond eighteen years before the D.C. City Council hearings on subsidized adoption we were countered by the argument that there was no real cause for concern on this issue since our child and all similar cases would be eligible to enter the state institution for the mentally retarded at age eighteen or could receive supplemental security income at a maximum of $146 a month. Neither of these alternatives are acceptable to any parent, adoptive or otherwise, who loves their child.

Moreover, we would like to add here that the argument made earlier in the week during the testimony of Helen Ramirez of the Los Angeles County Department of Adoption that short term subsidy is good and open ended subsidy is bad needs further examination. She stated that these kinds of children with severe medical problems and handicaps did not require an extended subsidy in Los Angeles because this was taken care of by Crippled Children's Services and other agencies. If such comprehensive services for every handicapping condition are provided for in the county of Los Angeles we congratulate them. Such an ideal situation does not occur in Washington, D.C., or throughout much of the rest of the nation for that matter. She spoke of the negative psychological message that long term as opposed to limited subsidy gives the adopted child. Have we also considered the negative psychological message this child receives when there are no resources available to provide for a speech therapost to teach that child to talk or a physical therapost to teach that child to walk? Moreover, we feel such negative attitudes toward long term subsidy only illustrate a perpetuation of the old myth that adoptive or foster parents who partake of any financial remuneration are somehow suspect in their motivation. This kind of subtle discrimination must die out if subsidized adoption (long or short term) is to be treated as an equal and realistic alternative for special needs children.

Let us be realistic in terms of whom this legislation needs to be serving both now and in the future. The healthy, normal child regardless of age or race is becoming less and less difficult to place. Currently there are agencies who have waiting lists of parents for normal, healthy older children. In these times of diminishing supplies of adoptable infants families have more and more turned to adoption of the healthy older child and have become increasingly willing to accept a child with a correctible medical problem or mild handicap. Meanwhile, the child with the severe, non-correctible condition remains unplaced. This is a trend expected to increase even more in the future. Any legislation that is not going to become obsolete before it is approved and implemented must make major provisions to meet the needs of these children least likely to be placed both now and in the future.

Therefore, we strongly recommend for the purposes of this legislation, as has also been introduced in amendments to the D.C. Subsidized Adoption Act (P.L. 93-241) that in the definition of children with special needs the term of eligibility and coverage be expanded to extend services to those children who because of the severity of their special needs will be permanently dependent legally, financially, emotionally, and physically upon the adoptive family. To implement this we strongly urge that there be added to sec. 1402, e, (1), the following:

> Eligibility may continue until the child reaches eighteen years of age or to any child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation, physical handicap, emotional disturbance, or medical condition and who became so incapable as a result of such condition prior to their placement or adoption and prior to attainment of age nineteen.

If the purpose of this legislation is truly to "facilitate the placement of special needs children" as so stated then the inclusion of the above provision is critical as a major, concrete way to positively induce families to adopt the child with severe medical problems or handicapping conditions. The foster children mentioned earlier have one thing in common: their needs are forever. They will never walk, never see, never hear, never function independently. If you expect parents to adopt children with continuing conditions like these you must also offer them support services that are continuing. This is not merely a theory or assumption. This is simply what we have come to learn as adoptive parents and what parents have told us their greatest need is on a very practical, human level in order to adopt a child for life. We strongly feel that this extension of eligibility beyond eighteen for this handful of very severe and special cases requiring extended dependency is the one inducement that can make the difference between a permanent, loving adoptive home and life long, dehumanizing institutionalization. We sincerely hope you will not ignore it.

The second area which we see as highly significant in its long range effect for opening doors for adoption of special need children is the bills provision under the proposed National Office of Adoption Information and Services "to conduct a continuous educational program on adoption." The majority of the previous testimony has concentrated on the attitudes of social workers towards exceptional children as a deterrent to adoption. In reality social workers and agency policy are only reflective of an attitude which most of society has held and continues to hold toward any child who is different either mentally or physically from the so called norm. Wolf Wolfensburger in The Normalization Principle has documented this long standing historic and cultural tradition which has looked upon the handicapped child as: a subhuman organism, a menace, an unspeakable object of dread, an object of pity, a diseased organism, and an object of ridicule."[5] These types of attitudes block the acceptance of handicapped children on any level but especially adoption. It is no simple step to move from fear, repulsion, and dread of the exceptional child to the caring, compassion, and concern of adoptive parenting. The special needs child who we only fifty years ago locked away for life is now the special needs child waiting for adoption. Not only social workers but judges, attorneys, program administrators, physicians, and most of all prospective parents must grow beyond the vestiges of these long standing discriminatory attitudes. The educational provisions in this legislation are a key vehicle in dispelling these myths and ignorance and replacing them with positive realities in the minds of both professionals and the public.

On a personal level we can tell you the reaction of our own relatives and neighbors when we first adopted our mentally retarded child. One side of the family simply stopped speaking to us. The other side questioned: "Are you a masochist, a glutton for punishment? You will ruin your marriage, your property values, your other children, and your entire life!" Almost three years later none of these things have happened.

The reaction of our pediatrician, the first professional to whom we turned for practical assistance and advice in anticipation of helping our child was totally non-supportive. Our physician was horror-stricken that we should even consider adopting such a child. He advised us that he had seen hundreds of "these kinds of children;" that he could only be an insufferable burden; that there was nothing anybody could ever do for "them;" that he would in all probability never learn to walk or talk; that certainly there would never be a school that would accept him; and that really he was better off in an institution anyway. A year later, largely because we ignored these warnings and predictions, our child was walking and talking and enrolled in a special education pre-school. Moreover, even our social worker, who had in fact been quite encouraging throughout the pre-placement study, was totally ignorant when questioned what special schools were available in the area to best serve our child's handicapping condition.

Nor is our experience unique. Recently, during a Washington, D.C. custody hearing to deinstitutionalize a mentally retarded child and place him in a qualified home, the presiding judge openly expressed the opinion that these parents must somehow be abnormally or pathologically notivated in order to want such a child in their home. In another instance earlier this year in Maryland two families who have already adopted children with substantial special needs, including congenital heart defect, Down's Syndrome, and sickle cell anemia, were flatly rejected by local adoption agencies from making any additional adoptive placments even though they had already proved themselves successful in coping with these children's special needs. The agency's reason was that one handicapped child in a home was more than enough for any one family to handle. Two would be impossible.

It must be obvious from these examples that these kinds of attitudes are obstacles to adoption. They are not just isolated incidents. They have been conclusively documented by data compiled in a recent research study by Eastern Michigan University under a grant from Office of Child Development, HEW:

> The data on workers' attitudes toward the extent to which a particular handicap is likely to prevent a child from being placed in an adoptive home suggests that many workers might try harder if they could expand their own ideas as to the probability of finding families for such children. Many workers indicated they felt they needed additional training in the specific behavioral and medical consequences of particular types of handicaps. They also indicated they did not have the resources or training to make them fully aware of the community facilities and resources available to families of the handicapped. Local judges need to be informed of new laws relating to adoption and of new practices in child welfare that demonstrate the desirability and feasibility of adopting handicapped children. Pediatricians and other physicans need to be informed of the many successful adoptions of handicapped children and the advantages of adoption over other alternative care situations for these children.[6]

Therefore, it is with great joy and anticipation that we look forward to the "Opportunities for Adoption Act" to implement dynamic, innovative programs to finally meet these challenges. In the implementation of the forthcoming grants of assistance as well as educational programs on adoption we would respectfully urge that the following specific recommendations and suggestions be seriously considered and significantly incorporated:

(1) Inservice Training.

Progressive, flexible inservice training programs should be instituted among existing adoption agencies throughout the United States to modify those traditional attitudes, philosophies, and practices which have in the past frustrated if not totally neglected placement of special need children. We would extend the list of participants in such training programs to include: legislators, judges, lawyers, pediatricians, teachers, social workers, program administrators, public relations specialists, and on line child care workers. As leaders or teachers for such training programs we envision not only professional experts in adoption but consumer representation with feedback to share on a practical level: foster and adoptive parents of handicapped children, handicapped adults, special education teachers, biological parents and siblings of handicapped children, and members of community organizations for handicapped children.

We submit Spaulding for Children in Michigan as a model for what adoption agencies could be doing right now to place special needs children. We suggest that special grants for assistance as made available by this legislation be used for demonstration projects throughout the country patterned after the techniques proved successful at Spaulding.

(2) Identification.

As previously discussed, traditional attidues toward identification of children as adoptable has historically been conservative and limiting. Any national computerized exchange must extend and expand the concept of adoptability to assure all prospective children their rightful place on this exchange and equal access to opportunity for adoption. Althought legislation states this exchange will "assist in location of children in need of adoption" (sec. 1403, p. 12, line 14 and 15), we need to go beyond this simple generalization. The only provision in this bill requiring accountability on this issue is Sec. 1403, calling for a yearly report on numbers of children placed in adoptive homes and "the number of children currently in forter care for six months or more, and the legal status of such children" (Sec. 1403, p. 12, lines 1 and 2). In order not to neglect other homeless and dependent children also in need of adoption both the evaluative report and the computerized exchange should be expanded to include children who are waiting in other types of care outside traditional foster care. These would include: mentally retarded and emotionally disturbed children currently residing in residential care; children with physical handicaps and medical problems residing in hospital wards; and children adjudicated as delinquent, in need of supervision, or as runaways currently residing in juvenile correctional facilities. We respectfully submit, therefore, that in Sec. 1403, P. 12, line 1 and 2, there be added: "the number of children currently in foster care and all other public or private institutions for 6 months or more, and the legal status of such children."

(3) Non-Traditional Placements

"Special" families must now be found and utilized for these "special" children. Just as the concept of the adoptable child must be rethought so the concept of a traditional family must be reconsidered. The unwritten but solidly imbedded rules of social work that have tended to exclude a non-traditional family must now be broken to include very different and special families for these very special children with their own unique needs. Agencies must now be willing to make new, innovative kinds of placements: placing with parents who already have one or more handicapped children, placing with parents who are themselves handicapped, placing with parents who have large families of four or more children already, placing with very young or older parents, placing an opposite sex child with a single parent, placing with a divorced or pregnant parent, placing without regard to income, and placing children without regard to chronological order in the family dynamic. Non-traditional placements like these have turned a waiting child into a success story of love and adoption: Johnny in Virginia, a 12 year old retarded boy with speech problems was adopted by an 18 year old mother and a 21 year old father. Benjamin, a baby with cerebral palsy in Maryland was adopted by his 58 year old foster parents. Three children with special needs in Virginia have been adopted by a blind mother and her husband. Willie, in Virginia, recently became adopted as the third 5 year old in a large, happy family of 9 children. Our own adoption of Michael resulted in our having five children under five years of age and took place during a pregnancy. Perhaps those agencies still holding back on such non-traditional placements need to spend an evening in these families homes, as we have, to fully appreciate that although they deviate from the norm they have something far more important to offer in a richness of resources for caring and sharing with these special needs children.

(4) Recruitment.

Aggressive, innovative recruitment of these "special" families for "special" children must be actively pursued. Agencies can no longer afford to sit waiting for applicants to come to them. An active community outreach and public relations program must be utilized to reach specifically that section of the population who has proved most likely to adopt the exceptional child. These are, specifically individuals who already have experience with or exposure to children with handicapping conditions as well as their neighbors, friends, and relatives in the community who have seen successful parenting of handicapped children take place on a first hand basis. There is an untapped resource of prospective families to be found in such organization as: the United Cerebral Palsy Association, Mothers of Mongoloids, Association for Retarded Children, Association for Emotionally Disturbed Children, etc. Other family-oriented organizations that might prove receptive to adoption are: churches, civic groups, P.T.A.'s, service clubs, volunteer groups, etc. Extensive use of radio, television, newspaper, posters, pamphlets, films, fliers, and slides must be creatively employed to present the special needs child as a human being first and his handicap last. Too long we listed special needs children in terms of clinical labels, descriptions, and diagnosis. We spent all our time talking about what they can not do instead of what they can do. Revitalized recruitment programs must stop over-emphasizing what these childrens limits, problems, and needs are and start pointing up all the positive, attractive, rewarding things they have to add to a family's fabric of life. These children are their own best public relations. Any use of the media must maximize and focus on personal exposure. We must show their smiling faces, the games they play, and all their enthusiasm for life in order to attract prospective adoptive parents and convince them with the message that these are children first with all the love, laughter, tears, and friendship to offer that children everywhere bring to every family. Where such recruitment techniques have been utilized in depth, such as in Lincoln-Omaha, Nebraska by the Office of Mental Retardation, the response has been overwhelmingly successful.

Personally, an ironic note on recruitment which relates to our own adoption of Michael is the fact that we had read a typical written description of him as a child waiting for adoption for over a year in a local adoption newsletter which we ourselves even helped compile. Nevertheless, we had passed over this clinical description and medical jargon a hundred times because nothing appealed or attracted us. A year later we saw his incredibly happy and responsive face in a newspaper article accompanied by a very personal description of what toys he liked to play with, what foods he liked to eat, what made him giggle, etc. It was at that instance that he became our psychological child.

(5) Support Services

We have already made clear how critical we feel pre and post adoptive support services are to the success of a special needs adoption both before 18 years and in a few special instances of extended dependency even after 18 years. We are heartened to see the recommendation to "co-ordinate and consult with other appropriate Federal departments and agencies...insofar as they relate to the purposes and provisions of this title," sec. 1403, P. 12, (5). We realize, however, that the best national adoption legislation or state adoption subsidy will become non-productive if real support services are not provided at the community level to implement these programs in practical terms. The right to public education for all children is a legal but not a practical reality. We can not make placements of mentally retarded or multiply handicapped children and then dump them on communities who refuses to educate them. Any national program to innovate adoption of special needs children can not afford to ignore this most basic unit of community level services as a critical starting point for success or failure in adoption.

(6) Dignity of Risk.

In the last few years an exciting, bold new concept has revolutionized the field of handicapping conditions:

> Many who work with the handicapped, impaired, disadvantaged, tend to be overzealous in their attempts to "protect," "comfort," "keep safe," "take care," and "watch." Acting on these impulses, at the right time, can be benevolent, helpful, and developmental. But, if they are acted upon exclusively or excessively, without allowing for each client's individuality and growth potential, they will overprotect and emotionally smother the intended beneficiary. In fact, such overprotection endangers the client's human dignity, and tends to keep him from experiencing the risk-taking of ordinary life which is necessary for normal human growth and development.

In the field of adoption, as well, all of us, both professionals and parents, ran from taking these risks. Judges were afraid to release children whom they doubted that families were available for. Social workers hesitated to make placements for fear of broken adoptions. Physicians, residential care directors, and other professionals wanted to protect these children in the shelter of special institutions. As parents we were vulnerable, lacking in confidence, afraid of the special challenges these children present. All of us worked harder at avoiding risks for the handicapped child and ourselves that we did at finding them a real family in a real world filled with real but solvable problems. It is now time to stop running from these risks. We have to stop thinking in terms of the perfect placement of the perfect child with the perfect family and begin making adoptive placements with the dignity of risk principle in mind. As illustrated earlier in the week, Spaulding is in the vanguard of a movement of professionals and families who have taken the first steps in this new direction. They have proved the risk is worth taking. It is up to us to follow.

Finally, we would like to once again express our appreciation for this opportunity to share with others something of what our child has brought to us in terms of insights and understanding for special need children. It is every child's most basic human right to be loved by a family of his very own. Even more than others, perhaps, these exceptional children require the love, security, and encouragement that only a family can provide. It is a sad commentary on this society that we have failed so many of these children in not fulfilling that need. We envision and anticipate the "Opportunities for Adoption Act" as a new beginning for many of these special need children. As adoptive parents of one of these children, as representatives of many kinds of adoptive parents with children of every kind of special need within COAC, we have attempted to articulate not social work theory or professional arguments but simply what adoptive families see on a practical level must be given priority in order to make this legislation truly effective. We hope you have listened and heard these needs. We hope you will expedite them for all waiting children. Together we can work hand in hand to open the doors to adoption for these very special children too long locked outside.

Footnotes

1. Ferman, Patricia Ryan and Warren, Bruce L., Finding Families for the Children Eastern Michigan University, 1974, p. 7, 39.

2. Conley, Ronald W., The Economics of Mental Retardation, Johns Hopkins University Press, Baltimore, Maryland, 1973, p. 298.

3. Ferman and Warren, p. 7.

4. Ferman and Warren, Appendix B, Selected Children Placed in Adoptive Homes by Sample Agencies, pp. 49-57.

5. Wolfensberger, Wolf, The Normalization Principle, National Institute on Mental Retardation, Toronto, Canada, p. 12.

6. Ferman and Warren, p. 34, p. 44.

7. Wolfensberger, p. 195.

COAC

July 30, 1975

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OF THE
COUNCIL ON ADOPTABLE CHILDREN OF METROPOLITAN WASHINGTON, D.C.
ON
S. 1593, "THE OPPORTUNITIES IN ADOPTION ACT"

The Council on Adoptable Children of metropolitan Washington, D.C. is pleased to have this opportunity to submit additional comments on S. 1593. We would like to suggest the following areas for further consideration.

I. The Committee on Uniform Adoption Regulations

We believe it imperative that adoptive parents have very significant representation on the Committee. The current language provides for "representatives of National, State, and local child welfare organizations and representatives of other groups interested in facilitating the objectives of adoption agencies.....". All too often such committees include representatives of labor unions, groups focused on education or nutrition, medical societies, etc., while adoptive parents are excluded or granted little more than a token role.

Adoptive parents are the consumers of adoption services. It is the Black parent who can best tell you how agencies are serving the Black adoptor and therefore the Black child. It is the parent of a severely handicapped child who can best tell you of the special needs of such a child and of the policies and programs necessary if homes are to be found for such a child.

That adoptive parents are competent to play a role in developing regulations is beyond dispute. Adoptive parent organizations have developed a high degree of expertise in the foster care/adoption system. Parent groups have:

- assisted many states in developing laws and regulations for subsidized adoption programs
- organized extensive and successful recruitment drives for parents for waiting special needs children

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- organized 4 professional level, CWLA endorsed North American Conferences on Adoptable Children. The most recent conference was sponsored by COAC of D.C. in March of 1974. Minnesota groups will be sponsoring the 5th conference in 1976.

We recommend that S. 1593 be amended to require that the Committee on Uniform Adoption Regulations be composed of a high percentage of adoptive parents, particularly minority parents and parents of special needs children.

II. Grants for Adoption Assistance and Services

We have three areas of concern regarding Section 1402.

1. As the Committee is aware, the child who is hard to place in one area could often have a selection of parents in another area. Black and interracial families wait for young children (and even school age biracial children) in the D.C. area, while such children wait in other states. Puerto Rican children wait in New York, Mexican-Aerican children wait in the southwest, while families are available elsewhere.

While establishment of a national computerized exchange will help communications, it will not solve another part of the problem - the difficulty many families experience in finding an agency to study them.

Public agencies, which usually provide free adoption homestudies, tend (very understandably) to be concerned only with the children in their own caseloads, supported at public expense. They are reluctant to study local families for the placement of children from oth er areas.

Families interested in children from other jurisdictions are often forced to use private agencies - if there is a private agency serving their area. Even though most use a sliding scale, private agencies generally charge substantial fees. Homestudies for non-local children, therefore, are usually available only to fairly affluent families.

Section 1402 provides for "matching grants to States for allocation, by State agencies principally responsible for services to families and children, to public and private nonprofit adoption agencies....".

Intensive within state efforts should, of course, be encouraged and supported. However, if grants are allocated by the State agencies only for programs within the respective states, we anticipate a continuation of the present situation.

In some states, Michigan, for example, if a private agency develops a home for a child waiting with a public agency, a fee for that service can be paid to the private agency. This shifts the financial burden of the homestudy and followup from the private agency (and thus the parents) to the public agency which has benefitted by having a child placed.

We would like to see S. 1593 encourage similar use of Federal grant monies. If the maximum numbers of children are to be served, such payments made with Federal monies must be made without regard to the location of the adoptor's agency. (This is comparable to the requirement that adoption subsidy payments be made with out regard to the residence of the adopting family.) Payments should be available not only to private agencies, but to public agencies in other jurisdictions as well.

2. We are concerned that within some states it may be difficult for private agencies to receive grants for innovative programs. Public agencies may be tempted to subsidize or simply expand their existing programs. In the District of Columbia we believe that this is the most likely course of events. While a few more local children will thus be placed in local homes, no major increase in adoptions of special needs children will necessarily result.

We suggest that the Committee consider the adviseability of requiring that some portion of Federal grant money to each state be set aside for private agencies.

3. Much testimony has been given that every child is adoptable. However, far too few foster care and adoption workers accept that fact. A study by Ferman and Warren[1] gave the following statistics on perceptions of workers and supervisors of the probability of placing handicapped children:

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Adoption workers	conservative	moderate	optimistic
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Supervisors	36 %	21 %	43 %
Combined	34 %	32 %	34 %

Clearly training of workers and supervisors is essential if adoptable children are to be identified and placed. Training must be provided in techniques for recruiting families for handicapped children and in techniques for supporting and maintaining placements. However, Section 1402 does not specifically aithorise the use of grant monies for training purposes.

We recommend that training of foster care and adoption workers and supervisors be included in Section 1402 (a) as a purpose for which grants may be made.

The Council on Adoptable Children of metropolitan Washington, D.C. strongly supports the purposes of S. 1593. We look forward to its passage and implementation.

NACAC

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN

UNITED STATES SUBCOMMITTEE ON CHILDREN AND YOUTH: Hearings on Adoption

Testimony on behalf of the NACAC, an organization of adoptive parent groups.

Presented by Linda Dunn, President Riverside, California July 18, 1975

The purpose of the North American Council on Adoptable Children (hereafter referred to as the Council) is to advocate the right of every child to permanence and continuity of parental care, and to press for the legal adoptive placement of any child denied that right. In addition, we advocate the provision of those comprehensive emergency and long term services necessary to maintain the child's biological family. When it is clear that a disruption of the child's biological family cannot be prevented, we advocate that separation occur with minimum trama and that provisions for permanency be made quickly.

It is my hope that this testimony will clarify further the role adoptive parents and adoptive parent groups have thus far played in the areas of adoption and foster care, examine those areas in which adoptive parents, their groups and the Council can work most effectively, and result in a determination on your part to formally consult with and include adoptive parent activists in the decision making processes.

Those people, both single and married, who have responded to a child's need for love and permanence by adopting that child are never the same again. They see first hand the inadequacies of the foster care system when used as a long term solution. They often think of the many children still locked into the system and, sooner or later, they begin to act on behalf of these children. This has been my own experience as an adoptive parent. Having been a foster parent to a teenager who had long been in foster care has provided me with added perspective. Thus spontaneously, and in various parts of the country, adoptive parents formed groups in order to amplify their individual effectiveness. Over the past 20 years, as more became known about the child welfare system, adoptive parents were able to identify and confront with ever increasing expertise and committment the obstacles that keep children in foster care. The Council is a direct result of this growth in involvement and expertise on the part of adoptive parents. It represents over 5000 citizen group members from all parts of the U.S. and Canada. It is an outgrowth of four North American Conferences (held over the last seven years) organized and conducted by adoptive parents and endorsed by the Child Welfare League of America and the office of Health, Education and Welfare. The goal of the Council is to increase individual and group effectiveness in the work toward insuring homes for all waiting children.

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☐ 1400 FIRST ST. RICHELIEU, QUEBEC J3L 3X2, 514-658 2441
☐ 2361 ALGONQUIN RD SCHENECTADY, N.Y. 12309, 518-374 7175

NACAC

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN

Testimony continued:

Adoptive parents and their groups have been, and can continue to be, uniquely effective in the areas of pre- and post-adoption counseling, in the area of working toward the necessary changes both in legislation and in adoption and foster care policy and practice, and in the area of recruitment of adoptive homes for special needs children. As more and more children who are older, handicapped, of mixed or minority race, and/or members of sibling groups become available for adoption, the need increases for effective nationwide recruitment of homes for these children and for subsidies to cover the expenses of raising these children. Adoptive parents, their groups, and the Council, speaking out with authority, experience, and conviction, are best able to recruit homes for the waiting child.

I would now like to relate my personal involvement in recruitment as an example of one means of effective citizen action.

Having become acquainted with AREMA (Adoption Resource Exchange of North America) and with the Illinois Adoption Listing Service I was convinced that making pictures and descriptions of waiting children available to adoption agencies and prospective adoptive parents resulted in placements of children formerly thought to be unadoptable. The pages attached to this testimony picturing Ben, Jamie, Bob and Beth were part of information packets I distributed in California a year ago to private and public adoption agencies, officials at the State level, and to members of the California Senate Select Committee on Children and Youth. My appointment to the Advisory Task Force to this Senate Committee and their subsequent support of a program to provide agencies and prospective adoptive parents with pictures and descriptions of children available for adoption in California has recently resulted in the instituting of just such a program. This was all made possible by the widespread backing of adoptive parents and their groups, and by the opportunities provided me by the Senate Committee Advisory Board and various adoption agency organizations to take an active part in determining this adoption program.

How many more children like those you see here will wait unless a similar nationwide program with current information and pictures of waiting children is made available?

I urge you to support such a program and the subsidies necessary to help adoptive parents to accept the responsibilities of providing for these children.

You are in a position to include adoptive parents and Council members in the decision making processes at a national level. Let us work together.

Linda Dunn
Linda Dunn

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Placed
6/28/74

(312)

Ben was born 12/13/62. He has a slight preference for the Catholic religion.

A two parent family would be best, with a father who might share Ben's interest in sports and fishing.

He is a healthy, well-adjusted boy who gets along well with both adults and other children. He is an average student and his teacher feels he is one of the most responsible in the class. He is polite and responds well to verbal discipline.

Ben enjoys all outdoor activities, especially bike riding, baseball, and fishing.

Black - 6 & Over   Listing No. C-498
10/12/73

Printing a gift of MLS of Springfield (Illinois) Board of Realtors
Permission to reproduce this material must be secured from the Adoption Coordinator.

Adoptive Placement
8/29/74

(815)

James (Jamie) was born 10/25/70. There is no religious preference.

He has Cerebral Palsy, spastic type and severe mental retardation. Jamie receives physical therapy.

Easy going, independent, and sensitive describes Jamie. He is very responsive to loving and persistent in efforts to perform tasks.

A family with older children would be appropriate for him. He loves the attention of older children. His family must also be one who can help Jamie develop his potential.

Black/White - 2 thru 5   Listing No. C-523
11/16/73

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Placed
7/22/74
with C557

(618)

Bob was born 9/23/69 and there is no religious preference.

He has a history of slow mental and physical development. He did not walk until he was almost three, and still tends to stumble frequently.

Bob is a placid child who enjoys attention and affection.

He is a brother to Beth, C-557, White - 2 thru 5.

White - 2 thru 5 Listing No. C-556
1/4/74

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Placed
7/22/74
with C-556

(618)

Beth was born 4/11/71 and there is no religious preference.

She has a history of very slow mental and physical development. Her coordination is poor, and she is essentially non-verbal. Beth has subnormal vision and is allergic to many things. She is not a behavior problem and is an affectionate child.

Beth is a sister to Bob, C-556, White - 2 thru 5.

White - 2 thru 5 Listing No. C-557
1/4/74

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STATISTICS on the ADOPTION LISTING SERVICE OF ILLINOIS

In the three year period from September 1971 to September 1974 816 children were placed with the help of the Adoption Listing Service;

60% were Black or of other minority race;
60% were over two years of age;
30% were over six years of age.

During this time period:

60% of the children were placed within 3 months of listing;
87% of the children were placed within 7 months of listing;
58% of the families listed received placement of an adopted child;
63% of the above group received their child or children within 3 months.

In the nine week period from August 9th to October 4th 1974:

50 children were placed--ALL WITH SPECIAL NEEDS--including:

23 children over six years of age, three of these children were 11 years old, three were 12, one was 13 and one was 14 years old;

5 sets of sibling groups;

29 Black children

17 children with physical and/or emotional handicaps.

Cost analysis figures for the first 610 children placed, with the help of the Adoption Listing Service, average out to be $203 per child placed. As a result of these first 610 children finding permanent homes, Illinois taxpayers were saved a conservatively estimated 31 million dollars.

If only one child in California were placed as a result of a California Adoption Listing Service, the savings, in foster care dollars, would more than cover the cost of one year of the sefvice, estimated at $36,000.

Use of the Adoption Listing Service in Illinois has resulted in no increase in the placement failure rate. Luthern Child and Family Services (7620 Madison St., River Forest, Illinois 60305) reports that only four out of approximately 220 placements made with the help of the Adoption Listing Service over the last three year period have failed.

FOLLOWING ARE COPIES OF PAGES (REDUCED IN SIZE) SHOWING SOME OF THESE CHILDREN RECENTLY PLACED, AND COPIES OF LISTINGS OF FAMILIES WHO FOUND CHILDREN THROUGH THE ADOPTION LISTING SERVICE.

COAC

July 30, 1975

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Statement on S.1593
to be submitted to
The Special Subcommittee on Children and Youth
of
The Committee on Labor and Public Welfare
in the
Senate of the United States
94th Congress, 1st Session

It is clear that problems of some children needing adoptive services will not be solved except on a national basis, and it is clear that finances is one major barrier to finding homes for American born children needing them. It is also clear that both the child and society benefit in social and economic terms when children are adopted rather than being left in limbo year after year in foster homes or as wards of the State.

Therefore, I support the intent of this bill. However, I want to raise questions about some of its particular provisions which I believe deserves more study by the committee before reporting to the Senate.

My first question is in reference to page 6, paragraph (2) beginning at line 3. This paragraph provides for the cost of providing prenatal and postpartum services to mothers who voluntarily plan to place their children for adoption but makes no reference to who pays for such plans should the mother decide not to place the child for adoption. I understand that presumably AFDC would cover such funding but that FDC is not operating in this area in every state. Since an agency must undertake counseling with the mother to properly determine her decision before it is made, the funding base for this regardless of the mother's decision should be made clear so that the manner of funding will not in itself create a vested interest for pursuading the mother to relinquish her child.

My second question relates to page 6, paragraph (4) beginning at line 18. As I read the beginning sentence of paragraph (4), which really begins on line 13 of page 5, the proposed law authorizes the Secretary to make matching grants to states for grants to public and private nonprofit adoption agencies for these agencies to assist "adoptive parents in locating...". As worded this might be read to indicate federal funds could be used to help adoptive parents in locating special services or even children. I believe the intent of this phrase in line 18 is to cover costs of recruitment of families and that it should be rephrased to make this clear.

The next question relates to page 10, lines 7-10. I am fearful that this provision would encourage some agencies to hold children in their custody for six months in order to gain federal funding. The intent of the legislation is good, it is the possible unintended results that alarm me. I have no constructive suggestion for how to improve the provision.

My most important concern remains, and it is a general one. Is it possible for this legislation to shift the influence of the U.S. Government to equalize the rights of children with the rights of parents and other adults in the practice of child welfare in this country? I speak in particular of the right of a child to a permanent, secure solution for his needs within the time frame meaningful to him, as over against the right of an adult to a possible future parenting relationship to him, however tenuous and indefinite that might be.

It might be that this concern is best implemented by the proposed Committee on Uniform Regulations. If this be true, however, I hope that some mandate, guidance, or resolution from the Congress or its Committees be given to the Committee on this matter. I believe this is a matter of utmost importance that involves changing professional, legal, and popular thinking and practice on the matter.

In summary, I believe the intent of the Bill is good. With clarification on the above points I would support it.

John E. Adams

John E. Adams
Executive Director
Holt International Children's Services, Inc.
P. O. Box 2880
Eugene, Oregon 97402

Senator **Cranston**. We will now adjourn these hearings until further notice.

[Whereupon, at 11:40 a.m., the subcommittee adjourned subject to the call of the Chair.]

APPENDICES

BABYSELLING:

I. Additional Statements

NCCCY

National Council of Organizations for Children and Youth

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Executive Director

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Sara-Alyce Wright
National Board of the YWCA
of the U.S.A.

8 July 1975

The Honorable Walter F. Mondale
Russell Senate Office Building
Washington, D.C.   20515

Dear Senator Mondale:

We very much appreciate the opportunity to comment on the issue of black market adoptions, which was the subject of testimony before your subcommittee on April 28-29, 1975. At the same time, we would like to congratulate you on holding these hearings and commencing an exploration of Federal policies affecting the adoption of children and their placement in the foster care system.

We join with other witnesses testifying before your subcommittee in strongly condemning the practice of trafficking in children for profit. We are morally outraged by the facts presented:

-- of lawyers approaching young women at pregnancy counselling clinics, and offering them large sums of money if they will keep their babies until term and offer them up for adoption

-- of nationwide baby-selling networks, which put pregnant girls and clients with money in touch with lawyers

-- of viscious bidding wars instigated by lawyers in an effort to squeeze every dime possible out of frantic prospective adoptive parents

-- of shipment of newborn babies to whomever pays the price, with little or no investigation into the background of the parents

-- of payment of $25,000 for a white baby

Black market adoptions are wrong and should be prevented for a number of reasons aside from the ethical and legal questions relating to attorney fees:

-- unwed mothers are not properly counselled and are often bribed and coerced into selling their children

-- the choice of adoption is dependent solely on ability to pay

-- childless couples are vulnerable to being victimized

-- most important of all, the rights and needs of the child are subordinated to the profit motive

As organizations concerned with children, we oppose the continuation of a practice which is not focused first and foremost on the interests of the child.

We would encourage your subcommittee to examine more fully this practice, to gather better information on the extent of the problem and the manner in which states deal with the situation, and to consider the advisability of federal legislation which would prevent the movement of children across state lines for profit.

Specifically, we suggest that you look at such measures as:

-- the requirement for home study

-- the requirement that a full financial disclosure be given

-- a prohibition on profit

-- court approval before placements are made

As concerned as we are about the several thousand black market adoptions which occur each year, we are even more concerned about the approximately 100,000 children in this country who are available for adoption, but are not being placed.

The media has focused in recent weeks on the Vietnamese orphans and on the parents clamoring to adopt these children. Your hearings have focused on parents willing to pay up to $25,000 for a child. At the same time, there are thousands of children in this country who are ready to be adopted. These are not healthy white newborn babies. And they are not Southeast Asian orphans. Rather, they are older children, handicapped children, siblings, minority or mixed parentage children, and they could benefit just as much from a home as the war orphan or the black market child.

Why are these children not being adopted? What can the Federal government do to help these children find permanent homes? These are questions which we hope your subcommittee will review as your hearings continue.

In particular, as your inquiry into this subject matter continues, we hope that you will focus not on adoption as a means to find children for parents, but rather on adoption as a way to find parents for children.

Sincerely yours,

American Association of Pediatric Services for Children
American Institute of Family Relations
American Nurses Association
American Parents Committee
B'nai Brith Women
Child Welfare League of America
Citizens Committee for Children of New York, Inc.
Edna McConnell Clark Foundation
Colorado Department of Health
National Chicano Social Planning Council
National Conference of Catholic Charities
National Urban League
Salvation Army
Travelers Aid International Social Service of America
United Church of Christ, Board of Homeland Ministries, Division of
Health and Welfare
United Presyterian Church
Volunteers of America

AMERICAN PUBLIC WELFARE ASSOCIATION

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Edward T. Weaver, Executive Director

STATEMENT PREPARED BY MR. BRENDAN V. CALLANAN, PROJECT DIRECTOR, REGARDING ADOPTIVE PRACTICES AND THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN - APRIL 28, 1975.

Finding suitable homes for children who have lost or never had them is a problem with many facets. Most often it has been thought of as an illegitimate infant or one from a broken marriage. Frequently it's a child removed from parental neglect or abuse. Sometimes, it is a child who needs special care or services.

Public attention to the problem rides up and down like a roller coaster. It is intense in times of outcry against black markets in babies; it tails away to nothing when the supply of more sought after children nears exhaustion. The belief then becomes widespread that the problem is solved because every child who can expect to have a home has been provided with one. But such thoughts are illusions. They are based on a skewed perception of the human needs involved.

The would-be-parents and children have needs for love, security, and fulfillment that can be met only when children in need of placement are matched with adults who can care for them. Thus, there is always a shortage. Sometimes it is of children to satisfy the needs of would-be adoptive or foster parents. At other periods the shortage is of parents for children who are less readily placed because of handicap or because they are from minority groups. There is also a continuing need to find homes for older children hitherto less often placed but who need family environments fully as much as do infants.

Satisfying the material, emotional and spiritual needs of children who must have families and of adults who want youngsters through foster parenthood or adoption produces a never ending series of searches. Most often they are carried on in the relatively small geographic areas surrounding the living places of the people immediately involved. The child caring and placement agencies (public or private) which may provide assistance or supervision are also local or those of a single state.

But experience shows that neither the needs of children nor adults can be met by restricting child placement services and supervision to the territory of any single state. A variety of circumstances makes interstate placements of children essential and offers compelling reasons for an interstate compact under which the jurisdictional, administrative and human rights and obligations involved can be protected. The Interstate Compact on the Placement of Children which by April, 1975 had been enacted in 29 states, is that compact.

The most obvious reason why interstate placements are necessary is that almost never is the number of children requiring placements and the numbers and kinds of adults anxious and able to receive them in balance within any state or local area. If the surplus in either group is to be accommodated, its fulfillment must be found in another state.

Another circumstance of increasing importance is that families move, including many with children whose adoptions have not yet been perfected or who are in foster care not intended to eventuate in adoption. In the absence of the Interstate Compact on the Placement of Children such families face undesirable alternatives.

1. They may forego the move and so lose employment, career advancement or other personal benefits or necessities; or
2. They may leave the children behind thereby denying their own needs and those of the children; or
3. They may take the children with them (in some cases illegally) and create situations in which the normal legal and administrative protections surrounding the placement are lost.

The Interstate Compact on the Placement of Children is a legally and administratively sound means of permitting child placement activities to be pursued throughout the country in much the same way and with the same safeguards and services as though they were being conducted within a single state.

The Compact applies to placements preliminary to possible adoptions, placements in foster care where no adoption is contemplated, and institutional placements of adjudicated delinquents needing special services or programs not available within the state.

In brief, the Compact requires notice and ascertainment of the suitability of a placement before it is made; allocates in specific fashion the legal and administrative responsibilities during the continuance of an interstate placement; provides a better basis for enforcement of rights and responsibilities than now exists and authorizes joint actions of the administrators in all party states to further effective operations and services when either public agencies or private persons and agencies in more than one state are involved in a placement situation.

A single state acting alone is unable to effectuate similiar procedures and safeguards because of its inability to give its courts and administrative agencies authority beyond its own territory. This is a jurisdictional limitation which is not overcome by the Full Faith and Credit Clause of the United States Constitution. Although Article IV, Section I of the Constitution provides that "Full Faith and Credit shall be given in each State to the public Acts, Records and judicial Proceedings of every other State", this is not a proclamation that each state must enforce the laws of her sister states.

Full Faith and Credit applies only when a state's proceeding has had a jurisdictionally valid basis. Riley v. N.Y. Trust Co., 315 U.S. 343 (1941). It is not a grant which extends jurisdiction where none otherwise exists. In the absence of a multilateral law such as that of the Compact, jurisdiction can, in general, only be obtained when the parties and/or the subject of the controversy are within the state's territorial boundaries. McDonald v. Mabee, 243 U.S. 90 (1917). That an interstate compact can validly confer extraterritorial jurisdiction has, however, been reaffirmed many times, e.g., Gully v. Apple, 213 Ark. 350 (1948), Ex parte Tenner, 20 Ca 2d 670 (1942). Accordingly, the Interstate Compact on the Placement of Children, which becomes valid law in each of the party states, grants the requisite jurisdiction to all of them to solve a number of specific problems encountered in interstate placements.

1. UNILATERAL LAWS SEEKING TO REGULATE PLACEMENTS INTO OTHER STATES OR TO RESTRICT PLACEMENTS INTO THE STATE FROM OTHER STATES HAVE NO EFFECT BEYOND THE SINGLE STATE'S BORDERS. Many states, recognizing

the need for some regulation of interstate placements have enacted child importation and exportation statutes. In general, these laws require that no child may be placed into or out of the state without consent of its public welfare agency. Consent is conditioned upon notification of the intended placement containing sufficient information for the agency to make a determination that it will not be undesirable. There is scant means of insuring compliance. The frequent statutory authorization for bond is largely ineffective, either because it is ignored or waived and because at best, it cannot substitute for any but the financial aspects of placement obligations.

For example, there is nothing to compel the sending agency or person located in another state to comply with notice requirements. Without prior notification, the state in which the child is placed has no opportunity to make any preplacement investigation. Thus, a child often arrives in the state without any determination being made as to the appropriateness of the environment. Such placements will frequently go entirely undetected and unsupervised until after something has gone wrong. Only then does a tragic situation come to the attention of the authorities. Often those who should be responsible for taking remedial action are in another jurisdiction and cannot be reached by either administrative or court procedures. Furthermore, when a child is being placed out of a state, the state of origin has no assurances of the adequacy of the preplacement services in the receiving state, or even of obtaining any.

The ineffectiveness of these unilateral attempts to regulate interstate placements is indicated by the fact that although 29 states have importation statutes and 9 have exportation statutes, there have been very few attempts to enforce them. See In Re Adoption of Lunger, 28 N.J. Super. 614 (1953) (Statute making it misdemeanor to place children in state without prior approval cannot be applied against placement agency located outside the state); In Re Blalock, 283 N.C. 493 (1951). (Had nonresident violators of exportation statute not placed themselves within the courts jurisdiction, their motion to dismiss would probably have been granted for lack of jurisdiction).

In contrast, the Compact provides a legally enforceable procedure for insuring that sufficient information is furnished for a determination as to the suitability of the placement (Art. III). Accordingly, there is assurance of having a sufficient determination that the prospects for the placement are satisfactory.

2. A STATE HAS NO MEANS OF MONITORING THE PERFORMANCE OF THOSE WHO ARE CARING FOR A CHILD PLACED IN ANOTHER STATE. In the absence of the Compact, the sending state has no way of insuring that an agency or foster parents in another state are meeting their responsibilities toward the child. In general, one state cannot enforce the laws of another state in any affirmative sense. United States v. Constantine , 296 U.S. 287 (1935). The Compact provides the necessary authority for establishing legally sound agency relationships among public and private entities in the sending and receiving states and also makes valid the enforcement of the appropriate laws of either state in both the sending and receiving jurisdictions. See Bartkus v. Illinois, 359 U.S. 121 (1959), Abbate v. United States, 359 U.S. 187 (1959). (punishing a given course of conduct in more than one jurisdiction not barred by the double jeopardy provision of the Fifth Amendment). This secures a means of assuring that information and supervision will be a practical reality. Furthermore, because the Compact becomes law in each of the party states, enforcement of its provisions by any one of them is actually enforcement of that state's own law.

3. LAWS FIXING RESPONSIBILITY FOR EDUCATION, CARE OR SUPPORT OF THE CHILD DO NOT APPLY. Should a child be brought into a state without prior notification and arrangements, the state in which he is placed would ultimately bear the responsibility for meeting the child's welfare needs. Indeed, because absence of legal residence is not sufficient grounds for denying welfare assistance, the child has a right to the same basic support as would be provided a child already residing in the state. Shapiro v. Thompson, 394 U.S. 618 (1969). That support of a child placed from another state is a matter of concern is attested to by the fact that most of the importation statutes provide that the sending agency or person shall remain financially responsible for the child. Such an attempt to fix responsibility is often practically

unavailing because it is unenforceable except by forfeiture of the bond. The Compact, which legally fixes financial responsibility with the sending agency, gives the receiving state a superior means to any other now existing of enforcing child support from the persons or agencies which should have the obligation.

4. JURISDICTION OVER THE CHILD ENDS AT THE STATE LINE. In the absence of the Compact, the sending state can no longer reach the child once he is placed out-of-state. Should a placement go bad, the state-of-origin has no means to effect removal of the child to a better environment or, if need be, to compel his return. Formerly, a child was considered to have no rights in regard to such a situation. He could be shifted about or placed at will but only by authorities who could assert jurisdiction over him. More recently, it has become established that, in addition, juveniles are entitled to a measure of due process. McKeiver v. Pennsylvania, 403 U.S. 528 (1971); In the Matter of Winship, 397 U.S. 358 (1970); In Re Gault, 387 U.S. 1 (1967). Consideration must now be be given to the child's rights to proper procedures before he can be placed in a home or removed to another. Although this has always been desirable as good policy, it is now required by law. The Compact provides for the application of proper procedures consistent with the child's legal rights. It insures that the child's interest in protection from a bad placement situation will not go unremedied.

Very often placements made solely for profit (the so-called "black market"), are made across state lines. The Interstate Compact on the Placement of Children has a direct bearing on this type of placement activity. For example, the Compact requires that a determination be made that a proposed placement is not contrary to the interests of the child. This involves the securing of a preplacement investigation by a licensed adoption agency. Rarely, if ever, is such an investigation conducted when "black market" activity is involved. This deficiency compromises the right of the child by denying him reasonable assurance that a proposed placement is not contrary to his interest and well-being. The Compact requires such an investigation. It has been said that rights without remedies are not really rights at all.

As was indicated earlier in this statement, the Compact requires that the laws of both the sending and receiving state in an interstate placement must be complied with. For example, if independent placements are unlawful in either the sending or receiving state then the placement cannot lawfully be made. In the absence of the Compact, "black market" activity is able to flourish because the "guilty party" usually is outside the jurisdiction of the state whose statutes he has violated. Since the Compact extends jurisdiction beyond the borders of a single state remedial action becomes a viable course of action providing both states involved are party to the Compact.

Violation of the Compact may be punished or subjected to penalty in either jurisdiction in accordance with its laws. In addition to liability for any such punishment or penalty, any such violation shall constitute full and sufficient grounds for the suspension or revocation of any license, permit, or other legal authorization held by the sending agency which empowers or allows it to place, or care for children.

One significant step forward in eliminating some of the abuses associated with "black market" activity is enactment of the Interstate Compact on the Placement of Children by all the fifty states. To accomplish this the Children's Bureau/Office of Child Development, Department of Health, Education and Welfare has provided a grant to the American Public Welfare Association to provide technical assistance to the states in legislative enactment of the Compact. Response by the states has been most encouraging as evidenced by the fact that two years ago fifteen states were party to the Compact and now there are twenty-nine states which have enacted it. It is hoped that this Committee will endorse enactment of the Compact by all the states.

As of April, 1975 the following twenty-nine (29) states have enacted the Interstate Compact on the Placement of Children: California, Connecticut, Delaware, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia and Wyoming.

Written Testimony Presented to the Subcommittee on Baby Selling
By Susan Larsen, Adopted Adult

Your subcommittee has heard testimony debating the question of which was better-private or agency adoptions. From the viewpoint of the adoptee, research shows that independent placements worked as well as agency placements (Witner, 1963, The Russell Seige Foundation). Lawyers, social workers and others placing children for adoption seem to have the same abilities for making value judgements concerning the fitness of prospective adoptive parents.

Your subcommittee has also heard much testimony about the amount paid by adopting parents for a child. It makes little difference to the adopted person whether his adopting parents paid $5.00 or $50,000 for the adoption. Even if the fees can be justified as necessary or as being within the law, once the fee is paid it has an affect on the relationship between the parties to the adoption. This fee reduces the adoptee to a commodity being bought and sold and now possessed by the adopting parents. The adoptee can not possibly be the client or an equal party to such an action. From that time forward, the lawyers or agencies protect the interests of their client-the adopting parent. As the adoptee grows even to an adult status, his rights are negated by the lawyer or agency if they are in conflict with those of their client's.

The problem before your committee is not which fees are too high but rather are any fees correct in adoption and who must pay them. The role of the federal government in resolving this problem is unclear to me. Senator Laxalt suggested that the answer is with the courts. I suspect he is correct.

The State has been given the responsibility of protecting the rights of children. Adopted children become adults. Time and time again the rights of other adults in the adoption have taken precedent over the adopted adult's. The major cause for this is that a fee was paid which made the adoptive parents the client of the independent or agency adoption. The State has the obligation to protect their client-the adoptee. Maybe it is the State who should pay the fee. As a taxpayer it means higher taxes. As an adopted adult it means my rights would at least be equal to those of the other participants in my own adoption.

I am vitally interested in the proceedings and will be available to your committee if I can be of assistance.

Susan Larsen

THE ADOPTION STUDY PROJECT
140 East Franklin Place No. 109
Lake Forest, Illinois 60045

Margaret Lawrence
Director

The statement of Margaret McDonald Lawrence, director of The Adoption Study Project, on testimony presented to the Senate Sub-committee on Children and Youth in hearings on "baby selling".

(The Adoption Study Project is a voluntary effort of adopted adults to shed light on the adoption experience and define the problems of adopted children.)

As an adopted person and director of The Adoption Study Project, I am compelled to comment on the Sub-committee hearings on "baby selling" that were begun on April 28 and 29.

In the opening statement of the Chairman, Mr. Mondale, it was stated that these hearings marked the beginning of a new, major initiative for the Sub-committee--"an exploration of existing and proposed Federal policies affecting the adoption of children and their placement in foster care." These hearings are "to focus on the needs of children in our adoption and foster care system."

Adopted people applaud this initiative and look to it with a guarded hope that many of the real problems in adoption can be aired and resolved through the efforts of the Sub-committee in cooperation with people actually involved in the adoption experience.

Mr. Mondale has acknowledged that no one really knows how child welfare practices affect the children and families involved. This is not quite true, though the people who do know are not often invited to share this knowledge. Because of the stated purpose of the hearings, it should be noted that while all of the other interests in adoption were represented on the list of witnesses appearing before the Sub-committee, the children who were the object of this inquiry were not.

People do tend to think of adoptees as babies. But babies grow up and of the estimated five to seven million American adoptees, half are now adults. It is unnecessary and inappropriate for the experts from the child welfare field to be spokesmen for adopted children. Few social workers in adoption have had contact with people who have grown up in the institution of adoption as they have structured it. The contact of the agency with the child ends when the final decree of adoption is entered. The child welfare field has neither sought nor welcomed the views of adopted people, apparently preferring to develop their expertise distant from that opportunity. If these hearings are to benefit children placed in adoption and foster care, the Sub-committee must seek testimony from these people.

While it may not have been known to the Sub-committee, it is well known within the child welfare field that there are organizations of adopted adults forming in all areas of this country to give voice to the feelings and needs of children placed in adoption and to protest current adoption practices. These are the experts on adoption from the point of view of the child and they should rightfully speak for themselves. In their absence, there was no testimony that acknowledged the essential humanness of a child or raised the questions that should have been raised about the needs and rights of children.

Mr. Reid of CWLA has stated that not one human being can be sold without loss to society. That is a curious statement in view of the current structure of adoption in this country and in view of the fact that tne agencies he represents charge fees for their babies.

American adoption is very much the business of baby selling regardless of who performs the "service". Except for the area of adoptions that the child welfare field chooses to call the "gray market", the adoption of children involves an exchange of money. By claiming an undemonstrated expertise and an unproven superiority of ethics, Mr. Reid suggests that monies collected by agencies are respectable while monies collected by independent agents are not. The Sub-committee should keep in mind that child welfare is an industry that employs many people whose livelihood is totally dependent upon the supply of children available to "serve". It would be naive to assume that their concern was solely for the child and especially in a period of "baby drought".

In a way, it is unfortunate that the hearings began with a consideration of fees in adoption because it poses a dilemma for the Sub-committee. In the light of the Thirteenth Amendment, how will the Congress determine an appropriate price for a child? If it offends the public conscience to know that babies are sold at very high prices by private entrepreneurs, is it less offensive when accomplished by private agencies in the name of child welfare? Does it offend the public conscience that the procedures of adoption reduce a child to a piece of property to be conveyed from one owner to another?

Semantics cannot alter the reality of the procedure though it may attempt to wrap it in an aura of respectability. But it frankly doesn't matter to the people involved in individual adoptions whether the fee was $5000 or $25,000 and whether it was paid to an agency or to an independent agent. The psychological effects are not altered by price.

No rationale of fees will relieve adoptive parents of the certain knowledge that they have bought a human being to meet needs of their own.

No semantics will relieve the child of the certain knowledge that he has been depersonalized and dehumanized by the denial of his own unique identity and that he has been indentured into a lifelong obligation of servitude and silence.

No semantics should relieve honest men of the certain knowledge that allowing adoption to be a form of indenture sacrifices both the human and Constitutional rights of a child.

In testimony before this Sub-committee, it was reported that adoption abuses were not often prosecuted because they comprised a victimless crime.

Adoption abuses do not constitute a victimless crime even though adopted people represent less than 2% of our population. Creating a chattel property out of a human life degrades not only the people involved in individual adoptions but all of the society that permits it.

Under the leadership of our child welfare experts, American adoption has evolved into an institution that exploits the misfortune of some people in order to meet the needs of others. From the point of view of adopted people, the child is not the client but the commodity. The expertise of the child welfare field rests on their ability to rationalize expediency. No wise man truly needs to wonder how adoption works out for the people involved. History has already written how people feel in this situation whether they are the sellers, the buyers or the sold. It is a strange sort of expertise that fashions human relationships on a basis of exploitation and deceit and yet expects them to succeed. Adoptive parents and adopted children struggle with their feelings of guilt and resentment while wanting desperately to form real and enduring attachments of love and trust. How can a free society not understand the individual yearning for the freedom to realize one's own destiny, unburdened by an obligation to deny it?

Adoption is an institution with an acquired structure but without definition. The evils in adoption are not necessary evils. They are evils that have grown in the vacuum created by the absence of a Federal policy on adoption. The purposes of the Sub-committee would best be realized by moving the focus away from the placing agent and fees and toward a consideration of what is right and proper in the institution of adoption in a free society. Attorneys who testified before this Sub-committee correctly stated that the best efforts of the child welfare field have not produced evidence of any superiority of agency placements over independent placements. The problem does not lie with the placing agent but with the institution of adoption itself.

There should be a Federal policy that gives recognition and acknowledgment of the human and Constitutional rights of each of the parties to an adoption and all of the parties to adoption should participate in the formulation of that policy. The resulting Federal policy ought to form the basis for all adoption laws in all of the states.

Several of the witnesses, including Mr. Reid, made good suggestions for safeguards and sanctions that should be incorporated into adoption laws.

I am convinced that the problems of placing agents and fees will resolve themselves within the framework of an institution of adoption that ends the exploitation we now know and clears the way for this relationship to realize its full potential.

SUMA

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Lutheran Family Service of Dayton, Ohio
Planned Parenthood
St. Joseph Infant and Maternity Home
Bethesda Hospital
Christ Hospital
General Hospital
Good Samaritan Hospital

Kathie Fairbanks
Executive Director

May 8, 1975

Senator Walter F. Mondale
Room 443 Russell
Senate Office Building
Washington, D.C. 20511

Dear Senator:

Our local newspapers are picking up on testimony relating to black market adoptions currently being heard before the Senate sub-committee on Children and Youth. It appears from the articles that there is concern and outrage about the exorbitant fees that some attorneys are charging, but insufficient attention to the dangers inherent to the innocent victim, the child.

SUMA, is an umbrella agency of 21 sectarian, non-sectarian, public and private and citizens groups who serve as advocates for children and their parents. We promote and coordinate services in areas of pregnancy counseling, single parenting and adoption. There is at present a piece of reform adoption legislation in Ohio, House Bill 156, in Committee, which seeks among other things to require all adoptions to be processed through licensed adoption agencies. There has been great concern and much testimony regarding independent/grey/ black market adoptions. The legislaturers, many of whom are attorneys, are responding to the problem by suggesting that attorneys be mandated to report all adoption fees to Probate Court which, along with the Bar would assume the responsibility for monitoring this area of concern.

Adoption agencies and most other helping agencies have always been opposed to the concept of grey/ black/ market adoptions because of the possible dangers inherent in such a system and because of the abuses that can result from such a non-regulated system.

A United Appeal Agency

The legal profession as a whole has invariably gone on record as favoring independent adoptions, but the profession has never, in our judgement, made a sound case for its position. I am unable to pinpoint even one advantage to the child or biological parents from independent adoption. The advantage to the adoptive parents, or course, is that some couples who do not qualify to adopt from agencies are able, if they have sufficient funds, to adopt outside agency auspices. There is ample evidence that couples, who have been rejected by agencies because of demonstrated inadequacies, become parents "by the back door."

The following factors around this issue should be considered by our lawmakers as they seek to amend the existing adoption code.

Independent adoptions can lead to the following dangers and abuses and deprivations:

1. Biological parents are deprived of much needed counselling services. Unmarried mothers and fathers (who provide many, if not most, of the infants who become available for adoption) are often individuals who desperately need counselling help from qualified, professionally trained social workers.

2. Helpless infants and young children need and deserve those advocates who can use their expertise to insure the best possible choice for the future of the child. Desire for parenthood and qualifications for parenthood do not always occur in the same individual. An agency is able to provide this duality for adoptive children by the careful study and evaluation of prospective adoptive parents.

3. Independent adopters are often at the "mercy" of the biological parents prior to the legal completion of the adoption in Probate Court. A biological parent may demand the return of her child prior to completion, and the adopters have no recourse. Furthermore, the biological father's rights to the child are not terminated in the independent adoption situation and the adoption remain in jeopardy from possible claim he might make, even after completion. (Refer to the US Supreme Court decision, STANLEY vs ILLINOIS.)

4. Babies are being sold and bought in most large urban communities in our country. This abuse of the power of money is impossible to regulate in any presently determinable way outside the law, i.e., other than making independent adoptions illegal. (See attached copies of the laws of Connecticut and Delaware. Also see photo copies of articles appearing in the Christian Science Monitor and the New York Times.)

I would be willing to testify on behalf of SUMA in this very critical area of concern, but if this is not possible please include this letter as part of the Record.

Thank you for your cooperation.

Sincerely,

Kathie Fairbanks

Kathie Fairbanks,
Executive Director

KF/jw

cc: Senator Robert Taft
Senator John Glenn

INDEPENDENT ADOPTIONS

March 7, 1975
Hearing, March 12, 1975
Sub-committee -
Judiciary Committee

The following review of the "independent adoption" issue represents a solid consensus of opinion from the members of SUMA with the possible exception of one agency, Children's Protective Service. That agency is currently the Court appointed agency to evaluate the petitions of adoptive parents who have not been studied by, or worked with, the local authorized adoption agencies.

Adoption agencies and most other helping agencies have always been opposed to the concept of "private" or "independent" adoptions because of the possible dangers inherent in such a system and because of the abuses that can result from such a non-regulated system.

The legal profession as a whole has invariable gone on record as favoring independent adoptions, but the profession has never, in my judgement, made a sound case for its position. I am unable to pinpoint even one advantage to the child or biological parents from independent adoption. The advantage to the adoptive parents, of course, is that some couples who do not qualify to adopt from agencies are able, if they have sufficient funds, to adopt outside agency auspices. There is ample evidence that couples, who have been rejected by agencies because of demonstrated inadequacies, become parents "by the back door."

The following factors around this issue should be considered by our lawmakers as they seek to amend the existing adoption code.

Independent adoptions can lead to the following dangers and abuses: and deprivations:

1. Biological parents are deprived of much needed counselling services. Unmarried mothers and fathers (who provide many, if not most, of the infants who become available for adoption) are often individuals who desperately need counselling help from qualified, professionally trained social workers.

2. Helpless infants and young children need and deserve those advocates who can use their expertise to insure the best possible choice for the future of the child. Desire for parenthood and qualifications for parenthood do not always occur in the same individual. An agency is able to provide this quality for adoptive children by the careful study and evaluation of prospective adoptive parents.

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4. Babies are being sold and bought in most large urban communities in our country. This abuse of the power of money is impossible to regulate in any presently determinable way outside the law, i.e., other than making independent adoptions illegal. (See attached copies of the laws of Connecticut and Delaware. Also see photo copies of articles appearing in the Christian Science Monitor and the New York Times.)

THE CONSUMER NEWSLETTER
MONEYSWORTH
14 MAY 73
NEW YORK, N.Y.
VOLUME 3
NUMBER 16

Babies: Three Thousand Dollars a Pound

The price on the baby market has skyrocketed. There is a considerable baby drought in the United States, brought on by the declining birthrate; and, as always, there are entrepreneurs in the wings ready to supply the demand at a price. In at least one case brought to *Moneysworth*'s attention, the purchase price for a newborn baby was $25,000. Admittedly, that was high. Most black market babies sell for about $10,000. On the "gray" or extra-legal market the average price, according to informants, is $3,000.

But black market prices, set low or high, are far from the $500 it usually costs to adopt a baby through state and volunteer agencies. If there are no complications, the only expenses connected with the legal adoption procedure are the court and lawyer's fees.

SELECTIVE SCARCITY: Actually, the baby drought is selective. Contraceptives and abortions have reduced the number of unwanted pregnancies enormously. And many mothers of illegitimate children –more than half at last count–are keeping their babies rather than giving them up for adoption. But this decline in births and available children has been most pronounced among middle-class whites, who are also the most likely group, because of their relative affluence, to be seeking to adopt. The rarity is not babies, but healthy, white babies.

In 1970, the latest year for which figures are available, 176,000 children were adopted out of a pool of 236,000. Of those adopted, 12% were non-white; of the 60,000 remaining, two-thirds were non-white. Almost all, 86%, of those adopted were under a year old, with most of the others, 11%, under six. The children not adopted in 1970 were non-white, over six, physically handicapped, or all three. And this trend is holding. Contributing to the problems are the restrictive laws and customs that still govern adoption in most states. Thirty-three states, for example, still insist that the adopters have a religion and that the religion of the prospective parents and child be the same. Besides being unconstitutional on its face (because it tends to "establish" religion, an activity unequivocally prohibited by the Constitution), such a rule is a philosophical inanity: what is the religion of a year-old child?

Nonetheless many couples who would otherwise make perfect parents have been prohibited from adopting because they professed no religious preference or because they were Jewish and seeking to adopt a "Catholic" child or vice versa. In practice this has meant that many people who have adopted have done so by lying, either with the knowledge of the agency or without, about being church members.

Most delays arise in agency sponsored adoptions. The agencies feel a responsibility to do the best they can to assure the welfare of the children in their care. As bureaucrats, however, they are often too restrictive in the assignment of children to petitioners. Many people, frustrated by the long waiting lists and annoying restrictions of the agencies, are driven into the gray and black markets to purchase children. In 1970, 22% of the adoptions were non-agency. Most of these were probably intra-familial–relatives taking charge of an orphaned or abandoned child in the family–but a significant and growing number occurred on the black or gray markets.

BLACK MARKET: "Black" market differs from "gray" in one important respect: black market adoptions are illegal. Usually a black market adoption involves direct sale, usually for cash, of a child or the falsification of birth records (a pregnant woman checks into a hospital under the name of the woman who wishes to adopt). Gray market involves the "setting up" of an adoption arrangement, usually by a doctor or lawyer for a price, between an unmarried mother and a person or persons who wish to adopt. The gray market avoids time-consuming agency checks and the long waiting lists, but it also involves the illegal (or at least extra-legal – the law itself is a little gray) payment of "fees" to the arranger. Neither gray nor black offer adequate protection to the child or prospective parent, since neither is adequately checked for potential problems. Several states, notably Connecticut, Delaware, Georgia, Illinois, Indiana, Maine, Maryland, Massachusetts, Nebraska, North Dakota and Virginia prohibit or limit independent placement.

The risk in non-agency placements is not inconsiderable. For example, in one frequently used black market technique, the pregnant woman who wishes to give up her child enters the hospital at delivery time under the name of the woman who wishes to adopt. The baby is then given a birth certificate in the name of the adopting "parents." No matter what is born–a retarded child, a multi-racial child, a junkie, or a normal, healthy child, the "parents" are responsible. They face accepting a child they don't want or going to jail for breaking the law.

Similarly, in the gray market, the protections afforded by agency background research on the natural parents and medical attention paid the child after birth are missing. When he has arranged an adoption before delivery, for a fee and the medical expenses, a lawyer or doctor will often promise that if anything goes wrong, the deal is off. But what assurances are there that having received $5,000, he will give it back, whatever the circumstances? In at least one case, the baby died in childbirth; the couple ended up with no baby and no refund.

CHILDREN AVAILABLE: Since most potential adopters apparently shy away from older or racially alien children or children who have handicaps, these groups provide an easy, safe way to avoid both the long waits associated with agency place-

14 MAY 73

ments and the risk and expense of extra-legal and illegal solutions. A study by the Child Welfare League of America, for example, discovered that for every 100 white children awaiting adoption, there are 116 potential homes, while for every 100 non-white children there are only 39 homes. The Texas State Department of Public Welfare estimates that there are 10 potential homes for every 100 children between six and 14. For these reasons prospective parents should consider whether they have the resources of energy, time and money to successfully love and care for a child who is disadvantaged. It is no simple matter in this country to raise a multi-racial family, for example. An older child, with established patterns of behavior, may bring with him a lot of past hurts from a life of abandonment to institutions. And a child who is physically or mentally handicapped obviously demands special amounts of love and care.

Until the last decade, both the public and the agencies considered such children – and especially the older and the retarded – virtually unadoptable. Therefore they discouraged clients from choosing children who were less than "perfect." The shift toward concern for the child has led to the realization that adoption is infinitely better for these children than institutionalization. So, increasingly, agencies will cooperate with parents who are interested in taking on what used to be regarded as "problem" children.

Technology has also had a hand in expanding adoption possibilities for these children. Computers and creative use of telephones have allowed the development of "banks" where difficult-to-place children and homes with unusual possibilities or requirements can be successfully matched. The largest of these is ARENA (the Adoption Resource Exchange of North America, 67 Irving Pl., New York, NY 10003, 212-254-7410), established in the mid-60s by the Child Welfare League as a clearing house for unusual or difficult adoptions. ARENA is national in scope and there are many similar local organizations like the State Adoption Resource Exchange in Texas or the computer matching service of the California Department of Social Welfare. Other agencies handle specialized clients: the Harlem-Dowling Children's Service in New York and Homes for Black Children in Detroit recruit adoptive parents for black children; Spaulding for Children, also in Michigan, specializes in handicapped children. At least 23 states will subsidize adopted children to some degree, usually providing medical expenses, an important consideration when adopting a handicapped child: Arizona, Connecticut, Delaware, Illinois, Kansas, Maryland, Massachusetts, Montana, Nebraska, New York and North Dakota are among the states that specifically provide for medical aid.

FOSTER CHILDREN: There is some confusion between children who are adoptable and children who are, for a time, wards of the state because of temporary separation from their parents. For the latter, foster homes – families with which they live under a state subsidy – are a suitable solution. But for the others, for whom a permanent home has been sought and not found, foster homes are an expensive and not very satisfactory solution. They cost the state a tremendous investment in capital, and, since the children tend to be shifted from them frequently, they provide a very insecure environment. The foster parent, too, is insecure. The state may demand the child's return.

However, standards for foster homes are usually somewhat looser than for adoptive homes and families seeking to adopt may become foster parents in the hope of demonstrating their suitability. Many states allow foster parents to adopt and Vermont even provides special aid in this category. The Lutheran Social Service of Minnesota operates a program in which couples who don't meet or feel comfortable with the financial requirements for adoption agree to become permanent foster parents. The agency makes a grant to cover the cost of raising the child and guarantees to leave the child in the home. The couple agrees to raise it; if at any time, the couple decides to adopt, they can. A similar plan in Philadelphia places children in foster homes with potential permanence and encourages eventual adoption by the foster parents.

Here are some rules to follow when seeking to adopt:

Get a Good Lawyer: Adoption law is not especially complex, so use your family lawyer or someone he recommends. You need a lawyer because adoption requirements and procedures vary from state to state and because you may want to adopt across state lines which is a more complicated procedure. Fees should not exceed $500 except in the most unusual cases.

Stay Out of the Black Market: It is costly and illegal and you are completely unprotected from being robbed or getting a defective child.

Stay Out of the Gray Market: Except in the rare case where the mother (or her family) is arranging placement herself and you know her (or them) well. Don't under any circumstances buy a baby from someone whose ethics you can't judge.

Shop Around: You may not be an acceptable client in your own state, but somewhere else the situation is likely to be quite different. Maine, for example, a predominantly Protestant state, has a chronic surplus of Catholic babies of French-Canadian descent.

If All Else Fails, Become a Foster Parent: You can demonstrate to the agencies that you are indeed what you claim to be, a person who can give love and protection to a growing child.

BABYSELLING:

II. Background Information

DHEW Publication No. (SRS) 73-03259
NCSS Report E-10 (1971)

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ADOPTIONS IN 1971

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Program Statistics and Data Systems
National Center for Social Statistics
May 23, 1973

SUMMARY*

In 1971, about 169,000 children were adopted in the United States. This was a decrease of approximately 6,000 children from 1970 in which about 175,000 children were adopted and marks the first time since 1957 (initial year of this series of reports) in which there was not an increase in the number of adoptions. The decrease may be attributed, in large part, to California in which there was a decrease of approximately 4,800 children. However, for the other 45 States in which comparable data were available for 1970 and 1971, there was a decrease in the number of adoptions for 23 States; an increase in 21 States; and no change in 1 State. (See Tables 1 and 8.)

Of these 169,000 children, slightly less than one-half (82,800 or 49 percent) were adopted by persons who were not related to them, while slightly more than one-half (86,200 or 51 percent) were adopted by stepparents or other relatives. Again, this marks a departure from previous years in that this is the first time since 1957 that the number of children adopted by relatives exceeded the number of children adopted by non-relatives. Although there was a decrease of slightly more than three percent in the total number of children adopted, there was a small increase (0.5 percent) in the number of children adopted by relatives, with an accompanying decrease of slightly more than seven percent in the number of children adopted by non-relatives. (See Tables 1 and 8.)

In 1971, social agencies arranged slightly more than three-fourths (65,400 or 79 percent) of all non-relative adoptions -- an increase of one percent from 1970 in the proportion of such adoptions. (See Table 4.) This increase in proportion is consistent with the changes that have occurred since 1957 in that the proportion of adoptions arranged by social agencies has increased from 53 percent in 1957 to 79 percent in 1971. (See Table 9.) However, there is a wide range among the States in the proportion of agency adoptions, from a low of 12 percent in Puerto Rico to a high of 100 percent in Connecticut. There were only two jurisdictions in which independent placements exceeded agency placements--Alaska (75 percent) and Puerto Rico (88 percent).

Of the 65,400 agency adoptions, approximately 29,800 were arranged by public child welfare agencies and approximately 35,600 by voluntary child welfare agencies. (See Table 4.) For those 41 States that reported complete data, adoptive placements were more numerous in 19 States for public agencies and in 22 States for voluntary agencies. However, there are regional differences in the proportion of adoptions arranged by public agencies and voluntary agencies. Of the 17 States for which data were reported in the Northeast and North Central Regions, higher percentages were reported for placements by voluntary agencies in 14 States and by public agencies in 3 States. Data were available for 12 States in the South Region, and of these States, adoptive placements were higher for voluntary agencies in 4 States and for public agencies in 8 States. For 10 States in the West Region, voluntary agency placements were higher in 4 States and public agency placements were higher in 6 States. On the basis of the total number of agency placements, there were regional differences, also. In the Northeast and North Central Region, 61 percent of agency placements were by voluntary agencies and 39 percent by public agencies; in the South Region, slightly less than half of placements were by voluntary agencies and slightly more than half by public agencies; while in the West Region, 39 percent of placements were by voluntary agencies and 61 percent by public agencies. 1/

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*Based on estimated U. S. totals.

Of the 169,000 children adopted in 1971, an estimated 101,000 (60 percent) were born out of wedlock. Of these children, 72,000 (71 percent) were adopted by non-relatives, and 29,400 (29 percent) were adopted by relatives. Thus, children born out of wedlock represent 87 percent of all non-relative adoptions and 34 percent of all relative adoptions. (See Table 3.) Compared to 1970, for non-relative adoptions, there was a decrease of one percent in the proportion of children who were born out of wedlock; while for relative adoptions, there was a decrease of three percent in the proportion of children born out of wedlock.

In 1971, 22,000 of the 169,000 children adopted were black or belonged to other minority races. Such children comprised 13 percent of all adoptions, 15 percent of non-relative adoptions, and 12 percent of relative adoptions. (See Table 2). Compared to 1970, this represented an increase of one percent in all adoptions, an increase of three percent in non-relative adoptions, and no change in relative adoptions for children of minority races. Of these children, slightly more than 15,100 were black and slightly less than 6,900 were children of other minority races. The largest numbers of adoptions of children of minority races were reported by California (1,468), Michigan (1,158), and Texas (1,069). However, on a proportionate basis, the highest percentages of such adoptions were reported by Hawaii (70 percent), Alaska (39 percent) 2/, Puerto Rico (39 percent), South Carolina (25 percent), Missouri (23 percent), and Louisiana (20 percent).

1/ States comprising the Northeast, North Central, South, and West Regions are specified in publications of Bureau of the Census, United States Department of Commerce.

2/ 1970 data.

Of the 82,800 children adopted by unrelated petitioners in 1971, approximately two-thirds (65 percent) were less than 3 months old when placed in adoptive homes. (See Table 6.) The median age at placement was 1.9 months, compared to a median age of 1.8 months in 1970. For placements by public agencies, the median age was 4.0 months; for placements by voluntary agencies, 1.7 months; and for independent placements, less than a month. Compared to 1970, there was a change in the median age of children placed by public agencies (3.4 to 4.0 months) and no changes in the median ages of children who were placed by voluntary agencies or who were placed independently.

Chart A. CHILDREN ADOPTED IN THE UNITED STATES,
BY RELATIONSHIP OF ADOPTING PARENTS TO CHILD,
1957 TO 1971

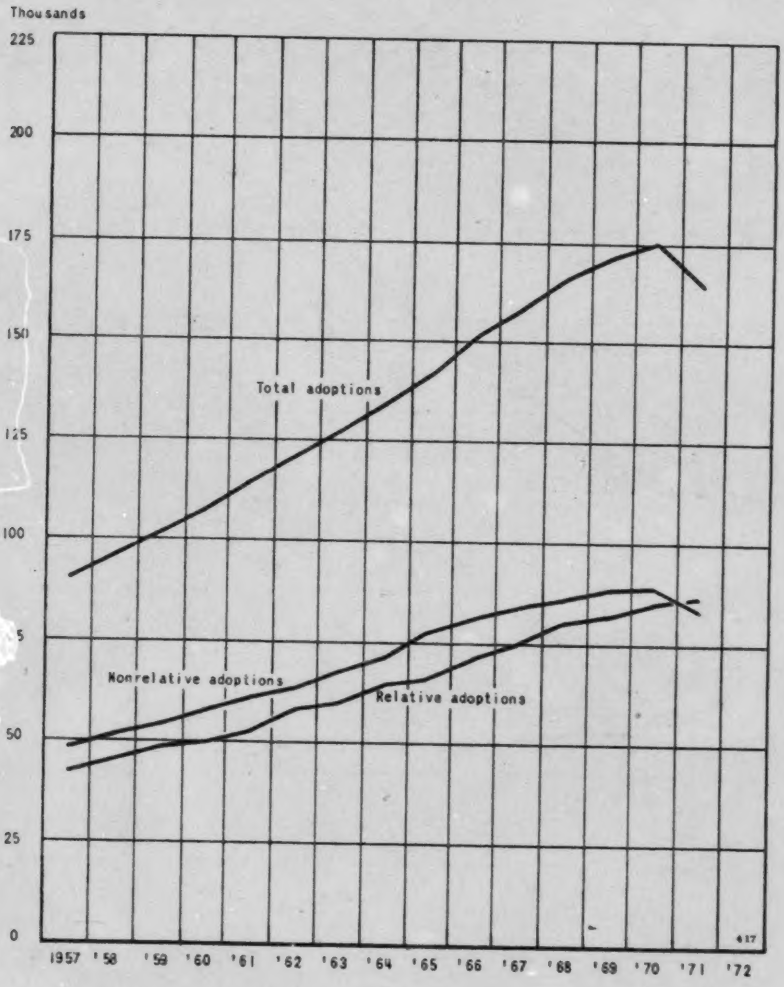
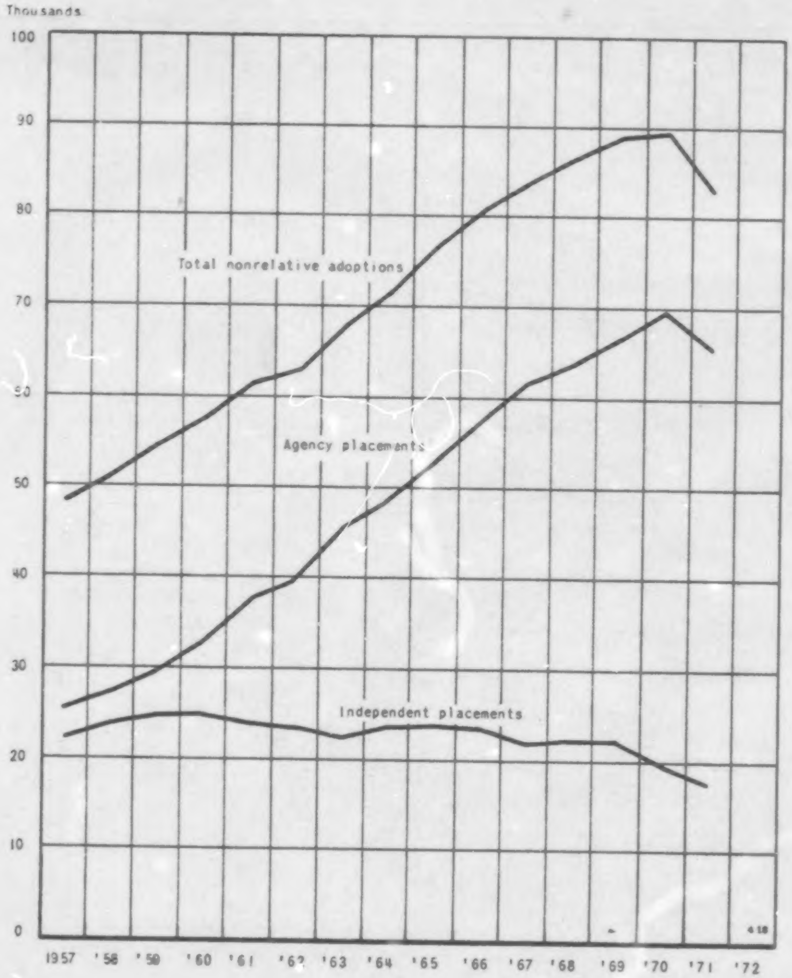


Chart 8. CHILDREN ADOPTED BY NONRELATIVES,
BY TYPE OF PLACEMENT,
1957 TO 1971



LIST OF TABLES

1. Children for whom adoption petitions were granted: Number and percentage distribution, by relationship of petitioner to child, by State, 1971
2. Children for whom adoption petitions were granted: Number and percentage distribution by race, by relationship of petitioner to child, and by State, 1971
3. Children for whom adoption petitions were granted: Number and percentage distribution, by birth status, by relationship of petitioner to child, and by State, 1971
4. Children adopted by unrelated petitioners: Number and percentage distribution, by type of placement, and by State, 1971
5. Children adopted by unrelated petitioners: Median age at time of placement (in months), by type of placement, and by State, 1971
6. Children adopted by unrelated petitioners: Percentage distribution by age of time at placement, by type of placement, 1971
7. Children adopted by unrelated petitioners: Percentage distribution by birth status of child, 1971
8. Estimated number of children adopted, by relationship of adoptive parents to child, and rate of total adoptions per 10,000 child populations under 21 years of age, 1957-1971
9. Estimated number and percentage distribution of children adopted by non-relatives, by type of placement, 1957-1971
10. Estimated number of children born out of wedlock who were adopted, by relationship of adoptive parents to child, 1957-1971
11. Estimated number of children from minority races who were adopted, by relationship of adoptive parents to child, 1957-1971

Table 1.--Children for whom adoption petitions were granted: Number and percentage distribution by relationship of petitioner to child, by State, 1971

State	Number				Percentage distribution	
	Total	Adopted by unrelated petitioners	Adopted by related petitioners	Relationship not reported	Adopted by unrelated petitioners	Adopted by related petitioners
United States estimated total 1/..	169,000	82,800	86,200	---	49	2/ 51
Alabama	1,615	(3/)	(3/)	(3/)	(3/)	(3/)
Alaska 4/	742	421	321	---	57	43
Arizona 4/	2,523	835	1,529	159	35	65
Arkansas	958	390	563	5	41	59
California	13,645	5,643	7,997	5	41	59
Colorado	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Connecticut	1,519	866	653	---	57	43
Delaware	215	151	64	---	70	30
District of Columbia	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Florida	7,192	2,789	4,402	1	39	61
Georgia	3,025	1,254	1,758	13	41	59
Hawaii	936	262	671	3	28	72
Idaho	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Illinois	9,533	5/ 5,684	3,849	---	60	40
Indiana	5,775	2,426	3,349	---	42	58
Iowa	2,986	1,478	1,503	5	49	51
Kansas	2,281	1,188	1,058	35	52	48
Kentucky	1,611	783	811	17	49	51
Louisiana	2,944	1,190	1,750	4	40	60
Maine	1,329	491	685	153	(6/)	(6/)
Maryland	2,728	1,069	1,627	32	39	61
Massachusetts	7/ 2,462	2,239	7/ 221	2	---	---
Michigan	8,979	4,502	4,473	4	50	50
Minnesota	3,878	2,393	1,485	---	62	38
Mississippi	1,487	(3/)	(3/)	(3/)	(3/)	(3/)
Missouri	2,572	1,184	1,298	90	46	54
Montana	985	447	522	16	45	55
Nebraska	1,908	(3/)	(3/)	(3/)	(3/)	(3/)
Nevada	725	262	457	6	36	64
New Hampshire	694	293	397	4	42	58
New Jersey	3,904	2,338	1,562	4	60	40
New Mexico	1,090	546	538	6	50	50
New York	11,375	7,058	4,317	---	62	38
North Carolina	3,154	1,183	1,971	---	38	62
North Dakota	557	296	261	---	53	47
Ohio	9,069	4,513	4,533	23	50	50
Oklahoma	2,745	779	156	1,810	(6/)	(6/)
Oregon	2,693	1,103	1,580	10	41	59
Pennsylvania	7,465	3,762	3,659	44	50	50
Puerto Rico	280	112	151	17	40	60
Rhode Island	741	283	458	---	38	62
South Carolina	1,947	851	1,094	2	44	56
South Dakota	607	347	257	3	57	43
Tennessee 4/	2,154	916	1,220	18	43	57
Texas	11,682	3,999	6,950	733	36	64
Utah	7/ 701	675	7/ 26	---	---	---
Vermont	520	244	274	2	47	53
Virgin Islands 4/	25	5	20	---	(8/)	(8/)
Virginia	3,962	1,793	2,126	43	45	55
Washington	4,077	2,112	1,907	58	52	48
West Virginia	1,559	343	1,197	19	22	78
Wisconsin	3,831	2,450	1,381	---	64	36
Wyoming	7/ 459	7/ 173	7/ 286	---	---	---

1/ Estimated distribution for United States by relationship of petitioner based on reports from 42 State departments of public welfare.
2/ Includes 45 percent adopted by stepparents and 6 percent by other relatives.
3/ Data not reported.
4/ 1970 data.
5/ Adoptions by relatives other than stepparents included under adoptions by unrelated petitioners.
6/ Percentage not computed because relationship of petitioner to child not reported exceeds 10 percent.
7/ Incomplete.
8/ Percentage not computed for cases less than 50.

Table 2.--Children for whom adoption petitions were granted: Number and percentage distribution by race, by relationship of petitioners to child, by State, 1971

State	All children adopted					Children adopted by unrelated petitioners					Children adopted by related petitioners 1/				
	Number			Percentage distribution		Number			Percentage distribution		Number			Percentage distribution	
	White	All other	Not reported	White	All other	White	All other	Not reported	White	All other	White	All other	Not reported	White	All other
United States estimated total 2/...	147,000	22,000	---	87	13	70,800	12,[illegible]	---	85	15	76,200	10,600	---	88	12
Alabama	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Alaska 4/	463	283	16	61	39	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Arizona 4/	1,833	86	632	(5/)	(5/)	683	50	100	(5/)	(5/)	1,150	36	532	(5/)	(5/)
Arkansas	839	118	1	88	12	336	56	---	86	14	503	62	1	89	11
California	4,893	1,468	7,284	(5/)	(5/)	4,376	1,255	12	78	22	517	213	7,272	(5/)	(5/)
Colorado	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Connecticut	1,317	202	---	87	13	730	136	---	84	16	587	66	---	90	10
Delaware	195	20	---	91	9	138	13	---	91	9	57	7	---	89	11
District of Columbia	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Florida	2,796	517	3,861	(5/)	(5/)	2,409	380	---	86	14	385	137	3,861	(5/)	(5/)
Georgia	2,511	336	100	88	12	1,025	169	88	87	13	1,486	165	100	90	10
Hawaii	281	655	2	30	70	100	161	1	38	62	181	492	1	27	73
Idaho	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Illinois	8,625	900	---	90	10	5,080	606	---	89	11	3,545	294	---	92	8
Indiana	5,256	521	---	91	9	2,162	264	---	89	11	3,092	257	---	92	8
Iowa	2,053	128	5	94	6	1,367	100	3	93	7	1,486	32	---	99	1
Kansas	1,110	197	906	(5/)	(5/)	986	166	30	86	14	133	31	930	(5/)	(5/)
Kentucky	901	99	1,051	(5/)	(5/)	606	69	530	(5/)	(5/)	97	30	721	(5/)	(5/)
Louisiana	2,362	602	---	80	20	1,036	136	---	87	13	1,308	466	---	75	25
Maine	1,319	7	3	99	1	605	4	2	99	1	836	3	1	100	(6/)
Maryland	2,170	516	36	81	19	860	206	13	80	20	1,310	308	21	81	19
Massachusetts	7/ 2,125	7/ 203	7/ 56	---	---	1,929	271	39	88	12	7/ 196	7/ 12	7/ 15	---	---
Michigan	7,019	1,150	2	87	13	3,801	620	1	86	14	3,026	530	1	88	12
Minnesota	2,256	386	1,038	(5/)	(5/)	1,790	571	33	76	24	466	13	1,006	(5/)	(5/)
Mississippi	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Missouri	1,309	303	---	77	23	910	276	---	77	23	1,079	300	---	78	22
Montana	867	131	7	87	13	363	78	6	82	18	486	53	1	90	10
Nebraska	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Nevada	429	60	236	(5/)	(5/)	130	26	98	(5/)	(5/)	291	16	138	(5/)	(5/)
New Hampshire	632	62	---	94	6	262	31	---	89	11	390	31	---	97	3
New Jersey	3,376	327	5	88	16	1,956	383	1	84	16	1,420	166	2	91	9
New Mexico	706	92	296	(5/)	(5/)	396	74	88	(5/)	(5/)	310	18	208	(5/)	(5/)
New York	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
North Carolina	2,382	369	3	87	13	1,014	168	1	86	14	1,368	201	2	87	13
North Dakota	530	27	---	95	5	271	25	---	92	8	259	2	---	99	1
Ohio	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Oklahoma	7/ 731	7/ 206	1,010	(5/)	(5/)	7/ 388	7/ 191	---	---	---	7/ 343	7/ 13	---	---	---
Oregon	2,076	181	436	(5/)	(5/)	944	153	6	86	14	1,132	28	430	(5/)	(5/)
Pennsylvania	6,609	763	93	90	10	3,261	470	31	87	13	3,348	293	62	92	8
Puerto Rico	167	109	6	61	39	101	11	---	90	10	66	98	4	40	60
Rhode Island	670	71	---	90	10	262	21	---	93	7	408	50	---	89	11
South Carolina	1,459	488	---	75	25	840	211	---	80	20	619	277	---	69	31
South Dakota	524	81	2	87	13	281	64	2	81	19	243	17	---	93	7
Tennessee 4/	1,671	192	291	(5/)	(5/)	807	109	---	88	12	864	83	291	(5/)	(5/)
Texas	10,363	1,069	270	91	9	4,250	371	58	90	10	6,113	698	212	91	9
Utah	7/ 317	7/ 66	7/ 110	---	---	303	63	100	(5/)	(5/)	7/ 14	7/ 3	7/ 9	---	---
Vermont	508	12	2	98	2	232	12	---	95	5	276	0	2	100	0
Virgin Islands 4/	8	16	1	(8/)	(8/)	2	2	1	(8/)	(8/)	6	14	0	(8/)	(8/)
Virginia	3,269	620	73	84	16	1,515	273	5	85	15	1,754	347	68	83	16
Washington	3,420	442	215	89	11	1,697	312	103	84	16	1,723	130	112	93	7
West Virginia	1,423	136	2	91	9	296	45	2	87	13	1,127	89	---	93	7
Wisconsin	3,496	335	---	91	9	2,180	270	---	89	11	1,316	65	---	95	5
Wyoming 7/	426	36	1	---	---	151	21	1	---	---	275	13	---	---	---

1/ Includes a few children for whom relationship to petitioner was not reported.
2/ Estimates for United States by race based on reports from 42 State departments of public welfare.
3/ Data not reported.
4/ 1970 data.
5/ Percentage not computed since the proportion of children for whom race was not reported is greater than 10 percent.
6/ Less than 0.5 percent.
7/ Incomplete.
8/ Percentage not computed for less than 50 cases.

Table 1.--Children for whom adoption petitions were granted: Number and percentage distribution by birth status, by relationship of petitioners to child, by State, 1971

State	All children adopted					Children adopted by unrelated petitioners					Children adopted by related petitioners 1/				
	Number			Percentage distribution		Number			Percentage distribution		Number			Percentage distribution	
	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock
United States estimated total 2/	101,000	67,600	---	60	40	72,000	10,800	---	87	13	29,400	56,800	---	34	66
Alabama	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Alaska 4/	329	612	1	44	56	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Arizona 4/	1,216	1,218	91	50	50	768	56	11	93	7	448	1,162	80	28	72
Arkansas	493	454	11	51	49	311	70	9	82	18	182	384	2	32	68
California	5,116	1,120	7,411	(5/)	(5/)	4,784	736	125	87	13	330	384	7,286	(5/)	(5/)
Colorado	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Connecticut	1,003	514	2	66	34	816	48	2	94	6	187	466	---	29	71
Delaware	153	62	---	71	29	137	14	---	91	9	16	48	---	25	75
District of Columbia	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Florida	2,578	613	[illegible],001	(5/)	(5/)	2,327	361	101	83	17	251	252	3,900	(5/)	(5/)
Georgia	1,615	1,358	52	53	47	1,075	150	29	88	12	560	1,208	23	31	69
Hawaii	499	636	1	53	47	231	31	---	88	12	268	605	1	40	60
Idaho	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Illinois	5,114	4,419	---	54	46	4,387	1,297	---	23	77	3,817	32	---	99	1
Indiana	2,872	2,883	20	50	50	2,001	411	14	83	17	871	2,472	6	26	74
Iowa	1,663	1,184	159	55	45	1,261	106	111	92	8	387	1,078	48	26	74
Kansas	1,108	191	982	(5/)	(5/)	1,022	116	50	90	10	86	75	932	(5/)	(5/)
Kentucky	932	562	117	58	42	622	77	84	(5/)	(5/)	310	485	33	39	61
Louisiana	1,750	1,199	15	59	41	1,060	172	8	90	10	670	1,077	7	38	62
Maine	651	622	56	51	49	399	89	3	82	18	252	533	53	32	68
Maryland	1,562	1,120	46	57	43	898	146	25	86	14	664	974	21	41	59
Massachusetts	6/ 2,121	6/ 328	6/ 13	---	---	2,037	191	11	91	9	6/ 84	6/ 137	6/ 2	---	---
Michigan	5,218	3,760	21	58	42	3,707	779	16	83	17	1,511	2,981	5	34	66
Minnesota	2,631	1,210	37	68	32	2,153	204	34	91	9	478	1,006	3	32	68
Mississippi	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Missouri	1,334	1,117	11.	52	48	969	170	45	85	15	365	947	76	28	72
Montana	469	512	4	48	52	365	78	4	82	18	104	434	---	19	81
Nebraska	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Nevada	232	357	136	(5/)	(5/)	122	60	100	(5/)	(5/)	110	317	36	26	74
New Hampshire	265	92	337	(5/)	(5/)	243	49	1	83	17	22	43	336	(5/)	(5/)
New Jersey	2,586	1,278	40	66	34	2,125	179	34	92	8	461	1,099	6	30	70
New Mexico	536	253	301	(5/)	(5/)	413	41	92	(5/)	(5/)	123	212	209	(5/)	(5/)
New York	8,149	3,141	85	72	28	6,520	450	19	94	6	1,621	2,691	5	38	62
North Carolina	1,872	1,269	13	59	41	1,042	133	8	89	11	830	1,136	5	42	58
North Dakota	351	206	2	63	37	268	26	2	91	9	83	178	---	32	68
Ohio	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
Oklahoma	578	93	2,076	(5/)	(5/)	534	62	185	(5/)	(5/)	6/ 44	6/ 31	6/ 81	---	---
Oregon	1,274	1,378	41	47	53	909	153	41	86	14	365	1,225	---	23	77
Pennsylvania	4,232	3,066	187	57	43	3,043	607	112	83	17	1,189	2,459	55	33	67
Puerto Rico	178	69	33	(5/)	(5/)	81	19	12	(5/)	(5/)	97	50	21	(5/)	(5/)
Rhode Island	434	306	1	59	41	263	19	1	93	7	171	287	---	37	63
South Carolina	1,040	905	2	53	47	(3/)	(3/)	---	(3/)	(3/)	(3/)	(3/)	---	(3/)	(3/)
South Dakota	374	231	2	62	38	296	49	2	86	14	78	182	---	30	70
Tennessee 4/	1,018	1,076	60	49	51	742	169	5	81	19	276	907	55	23	77
Texas	3,796	5,884	2,002	(5/)	(5/)	1,966	480	1,553	(5/)	(5/)	1,830	5,404	449	25	75
Utah	6/ 603	6/ [illegible]1	6/ 7	---	---	594	76	5	89	11	6/ 9	6/ 15	6/ 2	---	---
Vermont	296	221	3	57	43	206	35	3	85	15	90	186	---	33	67
Virgin Islands 4/	18	7	---	(7/)	(7/)	5	0	---	(7/)	(7/)	13	7	---	(7/)	(7/)
Virginia	2,237	1,889	66	54	46	1,487	251	45	86	14	760	1,408	21	34	66
Washington	2,223	1,755	99	55	45	1,767	279	66	86	14	456	1,476	33	24	76
West Virginia	330	183	1,046	(5/)	(5/)	218	72	53	(5/)	(5/)	112	111	993	(5/)	(5/)
Wisconsin	2,809	1,086	8	73	27	2,272	170	8	93	7	537	844	---	39	61
Wyoming	6/ 186	6/ 275	---	---	---	6/ 130	6/ 43	---	---	---	6/ 56	6/ 232	---	---	---

1/ Includes a few children for whom relationship to petitioner was not reported.
2/ Estimated for United States by birth status based on reports from 40 State departments of public welfare.
3/ Data not reported.
4/ 1970 data.
5/ Percentage not computed since the proportion of children for whom birth status was not reported is greater than 10 percent.
6/ Incomplete.
7/ Percentage not computed on less than 50 cases.

Table 4.--Children adopted by unrelated petitioners: Number and percentage distribution by type of placement, by State, 1971

State	Number					Percentage distribution 1/			
	Total 2/	Agency placement			Independent placement	Agency placement			Independent placement
		Total	Public	Voluntary		Total	Public	Voluntary	
United States estimated total 3/...	83,000	65,600	29,800	35,800	17,400	79	36	43	21
Alabama	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Alaska 5/	421	104	104	---	317	25	25	---	75
Arizona 5/	835	487	182	305	335	59	22	37	41
Arkansas	390	273	261	12	111	71	68	3	29
California	5,663	4,266	3,198	1,068	1,377	76	57	19	24
Colorado	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Connecticut	866	855	284	571	2	100	33	67	0
Delaware	151	150	12	138	1	99	8	91	1
District of Columbia	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Florida	2,709	1,785	314	1,471	924	66	12	54	34
Georgia	1,254	831	638	193	421	66	51	15	34
Hawaii	260	136	65	71	123	53	25	27	47
Idaho	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Illinois	3,584	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Indiana	2,426	1,907	1,205	702	515	79	50	29	21
Iowa	1,470	1,089	41	1,048	376	74	3	72	26
Kansas	1,180	817	264	553	350	70	23	47	30
Kentucky	783	678	497	181	105	87	64	23	13
Louisiana	1,190	803	129	674	379	68	11	57	32
Maine	491	351	162	189	140	71	33	38	29
Maryland	1,069	861	644	217	134	87	65	22	13
Massachusetts	2,239	2,123	484	1,639	116	95	22	73	5
Michigan	4,308	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Minnesota	2,393	2,304	411	1,893	89	96	17	79	4
Mississippi	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Missouri	1,189	1,029	592	437	160	87	50	37	13
Montana	447	352	258	94	95	79	58	21	21
Nebraska	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Nevada	262	246	150	96	16	94	57	37	6
New Hampshire	293	260	112	148	33	89	38	51	11
New Jersey	2,331	1,970	679	1,291	361	85	29	55	15
New Mexico	449	356	227	129	93	79	51	29	21
New York	7,020	5,537	2,600	2,937	1,400	80	37	42	20
North Carolina	1,183	946	610	336	237	80	52	28	20
North Dakota	294	279	9	270	15	95	3	92	5
Ohio	4,313	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
Oklahoma	779	479	479	0	300	61	61	0	39
Oregon	1,103	743	383	360	333	69	35	33	31
Pennsylvania	3,672	2,675	1,616	1,059	997	73	44	29	27
Puerto Rico	112	13	7	6	99	12	6	5	88
Rhode Island	283	269	15	254	14	95	5	90	5
South Carolina	851	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)	(4/)
South Dakota	367	345	126	219	22	94	34	60	6
Tennessee 5/	916	644	519	125	253	72	58	14	28
Texas	3,999	2,430	636	1,794	496	83	22	61	17
Utah	675	536	117	419	139	79	17	62	21
Vermont	246	238	78	160	6	98	32	66	2
Virgin Islands 5/	9	3	2	1	6	(6/)	(6/)	(6/)	(6/)
Virginia	1,793	1,371	921	450	421	77	51	25	23
Washington	2,112	1,476	610	866	550	73	30	43	27
West Virginia 7/	292	251	251	0	41	---	---	---	---
Wisconsin	2,430	2,399	848	1,551	30	99	35	64	1
Wyoming 7/	173	128	96	32	0	---	---	---	---

1/ Percentages are based only on those children for whom type of placement was reported.
2/ Includes some children for whom type of placement was not reported.
3/ Estimates for United States by type of placement based on reports from 41 State departments of public welfare.
4/ Data not reported.
5/ 1970 data.
6/ Percentage not computed (number of cases fewer than 50).
7/ Incomplete.

Table 5.--Children adopted by unrelated petitioners: Median age at time of placement (in months), by type of placement, by State, 1971

State	Median age in months 1/				
	All children placed	Agency placement			Independent placement
		Total	Public	Voluntary	
Total 2/	1.9	2.3	4.0	1.7	0.5
Alabama	(3/)	(3/)	(3/)	(3/)	(3/)
Alaska	(3/)	(3/)	(3/)	(3/)	(3/)
Arizona 4/	0.5	0.5	2.8	0.5	0.5
Arkansas	3.2	4.6	4.6	(5/)	0.5
California	2.3	2.8	4.2	1.7	0.5
Colorado	(3/)	(3/)	(3/)	(3/)	(3/)
Connecticut	2.3	2.3	6.3	1.7	(5/)
Delaware	1.5	1.5	(5/)	1.2	(5/)
District of Columbia	(3/)	(3/)	(3/)	(3/)	(3/)
Florida	1.1	2.1	6.0	1.6	0.5
Georgia	2.0	1.2	2.6	2.3	0.5
Hawaii	0.5	1.8	3.1	0.5	0.5
Idaho	(3/)	(3/)	(3/)	(3/)	(3/)
Illinois	(3/)	(3/)	(3/)	(3/)	(3/)
Indiana	0.5	0.5	1.8	0.5	0.5
Iowa	0.5	0.5	(5/)	0.5	0.5
Kansas	0.5	0.5	5.7	0.5	0.5
Kentucky	2.2	2.1	2.1	1.9	3.0
Louisiana	0.5	1.4	9.6	1.1	0.5
Maine	3.5	1.7	4.5	0.5	(3/)
Maryland	4.3	4.5	5.2	2.6	1.4
Massachusetts	2.4	2.4	8.0	2.0	3.8
Michigan	(6/)	(6/)	(6/)	(6/)	(6/)
Minnesota	2.6	2.6	7.6	2.4	8.1
Mississippi	(3/)	(3/)	(3/)	(3/)	(3/)
Missouri	2.5	2.4	2.9	2.2	2.8
Montana	(3/)	(3/)	(3/)	(3/)	(3/)
Nebraska	(3/)	(3/)	(3/)	(3/)	(3/)
Nevada	5.8	18.1	1.4	(3/)	(5/)
New Hampshire	2.4	2.5	4.4	1.7	(5/)
New Jersey	2.3	2.5	5.6	2.1	0.5
New Mexico	0.5	1.3	2.6	0.5	0.5
New York	2.8	3.6	4.3	2.9	0.5
North Carolina	2.7	2.7	3.6	2.2	1.1
North Dakota	2.2	2.2	(5/)	2.2	(5/)
Ohio	(3/)	(3/)	(3/)	(3/)	(3/)
Oklahoma	(6/)	(6/)	(6/)	(6/)	(6/)
Oregon	0.5	1.9	2.9	0.5	0.5
Pennsylvania	(6/)	(6/)	(6/)	(6/)	(6/)
Puerto Rico	2.1	(5/)	(5/)	(5/)	1.6
Rhode Island	2.5	2.5	(5/)	2.4	(5/)
South Carolina	(3/)	(3/)	(3/)	(3/)	(3/)
South Dakota	1.8	1.9	2.8	1.3	(5/)
Tennessee 4/	2.9	3.1	4.0	1.9	0.5
Texas	0.5	0.5	7.8	0.5	0.5
Utah	0.5	0.5	1.6	0.5	4.9
Vermont	1.3	1.4	6.5	1.1	(5/)
Virgin Islands 4/	(5/)	(5/)	(5/)	(5/)	(5/)
Virginia	2.2	2.5	3.1	1.9	0.5
Washington	1.9	2.5	3.7	2.1	0.5
West Virginia	(6/)	(6/)	(6/)	(6/)	(6/)
Wisconsin	2.0	2.0	2.7	1.7	(5/)
Wyoming	6/ 1.1	6/ 1.1	6/ 2.1	(5/)	(3/)

1/ An entry of 0.5 indicates a median of less than 1 month.
2/ For 36 States reporting.
3/ Data not reported.
4/ 1970 data.
5/ Median not computed (number of cases fewer than 50).
6/ Incomplete.

Table 6.--Children adopted by unrelated petitioners: Percentage distribution by age at time of placement, by type of placement, 1971

Age at time of placement	Total	Agency placement			Independent placement
		Total	Public	Voluntary	
Total 1/............	100	100	100	100	100
Under 1 month............	38	28	16	38	71
1 month, under 3 months..	27	33	28	36	6
3 months, under 6 months.	12	14	18	11	3
6 months, under 1 year...	7	8	11	6	4
1 year, under 6 years....	13	13	21	7	12
6 years, under 12 years..	3	3	6	2	3
12 years and over........	1	1	1	(2/)	1

1/ For 36 reporting States.
2/ Less than 0.5 percent.

Table 7.--Children adopted by unrelated petitioners: Percentage distribution by birth status of child, 1971

Birth status	Percentage distribution
Total 1/..................................	100
Born out of wedlock............................	87
To unmarried women............................	69
To married women..............................	5
Not reported..................................	13
Born in wedlock................................	13
Both parents living, marriage broken..........	4
Both parents living and together..............	3
One or both parents dead......................	1
Other and not reported........................	5

1/ For 40 reporting States; excludes children where birth status was not reported.

Table 8.--Estimated number of children adopted, by relationship of adoptive parents to child, and rate of total adoptions per 10,000 child population under 21 years of age, 1957-1971

Year	All children adopted	Rate per 10,000 child population 1/	Adopted by non-relatives 2/	Adopted by relatives 2/
1957....	91,000	14.0	48,200	42,800
1958....	96,000	14.2	50,900	45,100
1959....	102,000	14.7	54,100	47,900
1960....	107,000	15.0	57,800	49,200
1961....	114,000	15.6	61,600	52,400
1962....	121,000	16.1	62,900	58,100
1963....	127,000	16.6	67,300	59,700
1964....	135,000	17.3	71,600	63,400
1965....	142,000	17.9	76,700	65,300
1966....	152,000	19.0	80,600	71,400
1967....	158,000	19.6	83,700	74,300
1968....	166,000	20.6	86,300	79,700
1969....	171,000	21.2	88,900	82,100
1970....	175,000	21.7	89,200	85,800
1971....	169,000	21.0	82,800	86,200

1/ Based on revised estimates by Bureau of the Census of civilian resident population under 21 years of age on July 1 of each year. Rates are computed for 50 States and District of Columbia and do not include Puerto Rico and the Virgin Islands.

2/ Distribution according to relationship of adoptive parents shown for each year is percentage distribution for the number of States from which information on relationship was substantially complete for that year. The number of reporting States increased from 35 in 1957 to 42 in 1971.

Table 9.--Estimated number and percentage distribution of children adopted by nonrelatives, by type of placement, 1957-1971

Year	Number of children adopted by nonrelatives 1/			Percentage distribution 1/	
	Total	Agency placement	Independent placement	Agency placement	Independent placement
1957.......	48,200	25,500	22,700	53	47
1958.......	50,900	27,000	23,900	53	47
1959.......	54,100	29,200	24,900	54	46
1960.......	57,800	32,900	24,900	57	43
1961.......	61,600	37,600	24,000	61	39
1962.......	62,900	39,600	23,300	63	37
1963.......	67,300	45,100	22,200	67	33
1964.......	71,600	48,000	23,600	67	33
1965.......	76,700	52,900	23,800	69	31
1966.......	80,600	57,200	23,400	71	29
1967.......	83,700	61,900	21,800	74	26
1968.......	86,300	63,900	22,400	74	26
1969.......	88,900	66,700	22,200	75	25
1970.......	89,200	69,600	19,600	78	22
1971.......	82,800	65,400	17,400	79	21

1/ Distribution according to placement shown for each year is the percentage distribution for the number of States from which information on placement was substantially complete for that year. The number of reporting States has increased from 34 in 1957 to 41 States in 1971.

Table 10.--Estimated number 1/ of children born out of wedlock who were adopted, by relationship of adoptive parents to child, 1957-1971

Year	All out of wedlock children adopted	By nonrelatives		By relatives	
		Number	Percent of all non-relative adoptions	Number	Percent of all relative adoptions
1957......	48,200	37,700	74	12,500	29
1958......	50,900	38,700	76	12,200	27
1959......	53,000	40,000	74	13,000	27
1960......	59,900	44,500	77	15,400	31
1961......	66,100	48,000	78	18,100	35
1962......	70,200	50,300	80	19,900	34
1963......	76,200	55,200	82	21,000	35
1964......	82,400	59,400	83	23,000	36
1965......	88,000	64,400	84	23,600	36
1966......	95,800	69,300	86	26,500	37
1967......	99,500	72,800	87	26,700	36
1968......	105,000	75,900	88	28,600	36
1969......	109,000	79,100	89	30,300	37
1970......	110,000	78,500	88	31,700	37
1971......	101,000	72,000	87	29,400	34

[1] National estimates of numbers and percents of out of wedlock children adopted each year are derived from the percentage distribution according to children's birth status of all adoptions and of nonrelative adoptions for the number of States from which information was available for that year. The number of reporting States increased from 34 for all adoptions and 31 for nonrelative adoptions in 1957 to 40 for all adoptions and 40 for nonrelative adoptions in 1971.

Table 11.--Estimated number 1/ of children from minority races who were adopted, by relationship of adoptive parents to child, 1957-1971

Year	All children of minority races adopted		Adopted by nonrelative		Adopted by relatives	
	Number	Percent of all adoptions	Number	Percent of all nonrelative adoptions	Number	Percent of all relative adoptions
1957..	8,200	9	3,900	8	4,300	10
1958..	8,600	9	4,100	8	4,500	10
1959..	9,200	9	4,900	9	4,300	9
1960..	10,700	10	5,200	9	5,500	11
1961..	11,400	10	5,500	9	5,900	11
1962..	13,300	11	6,300	10	7,000	12
1963..	12,700	10	6,100	9	6,600	11
1964..	13,500	10	6,400	9	7,100	11
1965..	15,600	11	6,900	9	8,700	13
1966..	16,700	11	7,300	9	9,400	13
1967..	17,400	11	7,500	9	9,900	13
1968..	18,300	11	7,800	9	10,500	13
1969..	18,800	11	8,900	10	9,900	12
1970..	21,000	12	10,700	12	10,300	12
1971..	22,000	13	12,000	15	10,000	11

1/ National estimates of numbers and percents of children of minority races who were adopted each year are derived from the percentage distribution by race of all adoptions and of nonrelative adoptions for the number of States from which information was available for that year. The number of reporting States increased from 33 for all adoptions and 31 for nonrelative adoptions in 1957 to 42 for all adoptions and 42 for nonrelative adoptions in 1971.

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ADOPTIONS
IN
1972

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE

OFFICE OF INFORMATION SCIENCES
NATIONAL CENTER FOR SOCIAL STATISTICS
FEBRUARY 1975

ADOPTIONS IN 1972

Statistics on the number of adoptions in the United States have been collected in the Department of Health, Education, and Welfare since 1957. States elected to voluntarily report information which was available to them and have used various sources for the data, including court and agency records.

The last published release (NCSS Report E-10) covered the year 1971 when numerous States failed to submit a report. In 1972 only 37 States and jurisdictions reported, but in seven of these States data were incomplete. Due to lack of data and incomplete voluntary reporting from some of the larger States, totals by State are included in the attached tables, but national totals are not. The historical series formerly included with this release (1957 through 1971) have been ommitted due to lack of national totals.

This report was prepared by staff members of the National Center for Social Statistics under the direction of Anne Henneman.

CONTENTS

Page

DEFINITIONS.. 1

ANNOTATIONS.. 3

TABLE NUMBER

1. Children for whom adoption petitions were granted in 37 reporting States: Number and percentage distribution by relationship of petitioner to child, by State, 1972...... 4

2. Children for whom adoption petitions were granted in 37 reporting States: Number and percentage distribution by race, by relationship of petitioner to child, by State, 1972.. 5

3. Children for whom adoption petitions were granted in 37 reporting States: Number and percentage distribution by birth status, by relationship of petitioner to child, by State, 1972.. 6

4. Children adopted by unrelated petitioners in 37 reporting States: Number and percentage distribution by type of placement, by State, 1972.................................. 7

5. Children adopted by unrelated petitioners in 37 reporting States: Median age at time of placement (in months), by type of placement, by State, 1972........................... 8

DEFINITION OF TERMS USED IN THIS REPORT

State departments of welfare were urged to collect information on children for whom adoption petitions were granted during the preceding calendar year. The unit of count used was a child under 21 years of age for whom an adoption petition was granted during the year. If two or more children were named in a single adoption petition, each child was to be counted.

The following general definitions were used for reporting purposes:

1. Petitioner refers to the person(s) wishing to adopt the child

2. Relationship of petitioner to the child

Own parent was used as a classification of the petitioner only if both of the child's natural parents were the petitioners, or if there was only one petitioner who was the child's natural parent. This classification was not used in a case where one of the petitioners was a stepparent, even if the other name appearing on the petition was a natural parent.

Stepparent was the classification used if one of the petitioners for the adoption of the child was a stepparent, whether or not the other petitioner (if any) was the child's natural parent.

Other relative was the classification used where petitions were filed by relatives other than natural parents or stepparents, and included brothers, sisters, aunts, uncles, grandparents or great-grandparents, and great uncles or aunts, whether such relationships were by blood, marriage, or previous adoption.

Not related included all petitioners not defined above.

3. Birth status of child

The birth status of the child was to be reported as it was recorded in the petition for adoption, or as determined by the investigation of the petition, as follows: Born out of wedlock comprised births to unmarried women, or to married women where the husband is indicated as not being the natural father, whether or not the child was considered to be legitimate according to State law. Born in wedlock comprised all children where the natural parents were married to each other as well as those legitimized by the subsequent marriage of their natural parents. Status not reported covered all children whose birth status on the petition was shown as unknown, including foundlings if no information was available on circumstances of birth.

4. Type of placement

Agency covered all children placed in the home of the adopting parents by recognized child-placing agencies or institutions. In States where licensing provisions were in effect, recognized child-placing agencies or institutions were considered to be those licensed or certified by a State agency (usually the State department of welfare) to engage in child placement.

Public agency was considered to be one administered by a public governing body.

Voluntary or private agency was considered to be an agency or institution administered by a privately controlled governing body such as a nonprofit association or other voluntary group(s), regardless of the source of funds used for agency operations.

Independent placement included all children placed in the home of the adopting parents without the aid of a recognized child-placing agency or institution.

No placement referred to children for whom no placement was necessary either (1) because the child had always lived in the home of the petitioner, or because the child came into the home by reason of a natural relationship to the petitioner; or (2) because the child was not living in the home of the adopting parents at the time the petition was filed and no immediate placement in the home of the petitioner was expected. An example of the latter case would be where the petitioner was seeking to adopt a child in order to give him legal status for a specific purpose without planning to take the child into his home.

Annotations

Reports on adoptions were received from 37 States and jurisdictions. No reports were received from Alaska, Arizona, California, Colorado, the District of Columbia, Guam, Idaho, Mississippi, North Carolina, Oklahoma, Oregon, Rhode Island, Texas, the Virgin Islands, Washington, and Wisconsin. Report for Nebraska incomplete; not usable.

For Illinois, data do not include children adopted for whom a revised birth certificate was not required.

For Kansas and Utah, stepparent adoptions were not included.

For Maryland and Missouri, not all counties in the States reported.

For Massachusetts, data do not include either petitions for the adoption of persons fourteen years of age or older, or petitions on which the court waived investigation.

For Wyoming, information was not reported on independent or no placement adoptions.

Table 1.--Children for whom adoption petitions were granted in 37 reporting States 1/: Number and percentage distribution by relationship of petitioner to child, by State, 1972

State	Number				Percentage distribution		
	Total	Adopted by unrelated petitioners	Adopted by related petitioners	Relationship not reported	Adopted by unrelated petitioners	Adopted by related petitioners	Relationship not reported
Alabama	2,313	688	1,625	---	30	70	---
Arkansas	933	285	635	13	31	68	1
Connecticut	882	566	316	---	64	36	---
Delaware	255	104	150	1	41	59	(2/)
Florida	7,174	2,277	4,897	---	32	68	---
Georgia	2,613	1,022	1,569	22	39	60	1
Hawaii	736	160	573	3	22	78	(2/)
Illinois 1/	8,125	4,489	3,636	---	55	45	---
Indiana	5,033	1,893	3,140	---	38	62	---
Iowa	2,809	1,169	1,637	3	42	58	(2/)
Kansas 1/	2,198	975	1,192	31	44	54	1
Kentucky	1,481	649	790	42	44	53	3
Louisiana	2,807	975	1,826	6	35	65	(2/)
Maine	1,210	366	698	146	30	58	12
Maryland 1/	2,376	901	1,474	1	38	62	(2/)
Massachusetts 1/	1,722	1,491	228	3	87	13	(2/)
Michigan	7,645	3,383	4,261	1	44	56	(2/)
Minnesota	3,297	1,863	1,434	---	57	43	---
Missouri 1/	1,452	513	879	60	35	61	4
Montana	1,042	398	634	10	38	61	1
Nevada	912	205	647	60	22	71	7
New Hampshire	665	255	407	3	38	61	(2/)
New Jersey	3,455	1,904	1,551	---	55	45	---
New Mexico	1,236	517	713	6	42	58	(2/)
New York	10,073	5,594	4,479	---	56	44	---
North Dakota	581	289	292	---	50	50	---
Ohio	8,511	3,566	4,945	---	42	58	---
Pennsylvania	6,991	2,949	4,018	24	42	57	(2/)
Puerto Rico	339	144	194	1	42	57	(2/)
South Carolina	1,911	732	1,179	---	38	62	---
South Dakota	594	294	299	1	49	50	(2/)
Tennessee	1,520	761	752	7	50	49	(2/)
Utah 1/	359	280	24	55	78	7	15
Vermont	502	209	293	---	42	58	---
Virginia	3,807	1,653	2,140	14	43	56	(2/)
West Virginia	1,537	334	1,203	---	22	78	---
Wyoming 1/	456	158	298	---	35	65	---

1/ For limitations on data see annotations, page 2.
2/ Less than 0.5 percent.

Table 2.--Children for whom adoption petitions were granted in 37 reporting States 1/: Number and percentage distribution by race, by relationship of petitioner to child, by State, 1973

State	All children adopted						Children adopted by unrelated petitioners						Children adopted by related petitioners 2/					
	Number			Percentage distribution			Number			Percentage distribution			Number			Percentage distribution		
	White	All other	Not reported	White	All other	Not reported	White	All other	Not reported	White	All other	Not reported	White	All other	Not reported	White	All other	Not reported
Alabama	479	190	1,644	21	8	71	403	137	148	59	20	22	76	53	1,496	5	3	92
Arkansas	793	129	11	85	14	1	243	42	---	85	15	---	550	87	11	85	13	2
Connecticut	733	149	---	83	17	---	450	116	---	80	20	---	283	33	---	90	10	---
Delaware	217	38	---	85	15	---	82	22	---	79	21	---	135	16	---	89	11	---
Florida	2,280	559	4,333	32	8	60	1,895	382	---	83	17	---	385	177	4,333	8	4	89
Georgia	2,009	427	177	77	16	7	764	188	70	75	18	7	1,245	239	107	78	15	7
Hawaii	236	484	6	32	67	1	49	104	5	31	66	3	187	380	1	33	67	(3/)
Illinois 1/	7,133	972	---	88	12	---	3,808	681	---	85	15	---	3,325	291	---	92	8	---
Indiana	4,593	440	---	91	9	---	1,647	246	---	87	13	---	2,946	194	---	94	6	---
Iowa	2,707	99	3	96	4	(3/)	1,103	63	3	94	5	(3/)	1,604	36	---	98	2	---
Kansas 1/	970	171	1,037	44	8	48	836	146	3	85	15	(3/)	144	25	1,034	12	2	86
Kentucky	342	44	1,093	23	3	74	295	40	314	45	6	48	47	4	779	6	(3/)	94
Louisiana	2,180	615	---	78	22	---	847	128	---	87	13	---	1,333	487	---	73	27	---
Maine	1,102	16	2	98	1	(3/)	301	4	1	99	1	(3/)	801	12	1	98	1	(3/)
Maryland 1/	1,937	433	6	82	18	(3/)	678	223	---	75	25	---	1,259	210	6	85	14	(3/)
Massachusetts 1/	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---
Michigan	6,844	1,000	1	87	13	(3/)	2,820	563	---	83	17	---	4,024	437	1	90	10	(3/)
Minnesota	1,720	583	992	52	18	30	1,249	573	39	67	31	2	471	10	953	33	1	66
Missouri 1/	1,396	56	---	96	4	---	480	33	---	94	6	---	916	23	---	98	2	---
Montana	923	113	4	89	11	(3/)	323	72	3	81	18	1	600	41	1	93	7	(3/)
Nevada	541	236	133	59	26	15	164	41	---	80	20	---	377	195	133	53	28	19
New Hampshire	633	32	---	95	5	---	224	31	---	88	12	---	409	1	---	100	(3/)	---
New Jersey	2,853	596	6	83	17	(3/)	1,473	429	2	77	23	(3/)	1,380	167	4	89	11	(3/)
New Mexico	987	91	158	80	7	13	421	63	33	81	12	6	566	28	125	79	4	17
New York	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---
North Dakota	540	41	---	93	7	---	251	38	---	87	13	---	289	3	---	99	1	---
Ohio	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---
Pennsylvania	6,094	837	60	87	12	1	2,401	521	27	81	18	1	3,693	316	33	91	8	1
Puerto Rico	284	54	1	84	16	(3/)	129	15	---	90	10	---	155	39	1	79	20	1
South Carolina	1,496	415	---	78	22	---	566	166	---	77	23	---	930	249	---	79	21	---
South Dakota	519	73	3	87	12	1	218	53	3	81	18	1	301	20	---	94	6	---
Tennessee	1,115	143	282	73	9	17	648	93	20	85	12	3	467	50	262	60	6	34
Utah 1/	236	36	87	66	10	24	231	34	15	83	12	5	5	2	72	6	3	91
Vermont	676	28	---	96	4	---	181	28	---	87	13	---	495	---	---	100	---	---
Virginia	3,133	619	33	83	16	1	1,353	300	---	82	18	---	1,780	319	33	83	15	2
West Virginia	1,360	129	48	88	8	3	240	46	48	72	14	14	1,120	83	---	93	7	---
Wyoming 1/	387	31	38	85	7	8	104	18	38	66	10	24	283	13	---	96	4	---

1/ For limitations on data see annotations, page 2.
2/ Includes a few children for whom relationship to petitioner was not reported.
3/ Less than 0.5 percent.
4/ Data not reported.

Table 3.--Children for whom adoption petitions were granted in 37 reporting States 1/ Number and percentage distribution by birth status, by relationship of petitioner to child, by State, 1972

State	All children adopted						Children adopted by unrelated petitioners						Children adopted by related petitioners 2/					
	Number			Percentage distribution			Number			Percentage distribution			Number			Percentage distribution		
	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Not reported	Born out of wedlock	Born in wedlock	Not reported
Alabama	458	613	1,242	20	26	54	272	122	294	40	18	43	186	491	948	11	30	58
Arkansas	397	522	14	43	56	2	213	69	3	75	24	1	184	453	11	28	70	2
Connecticut	596	277	9	68	31	1	501	56	9	89	10	2	95	221	---	30	70	---
Delaware	154	100	1	60	39	(3/)	90	13	1	87	13	1	64	87	---	42	58	---
Florida	2,112	605	4,457	29	8	62	1,821	345	111	80	15	5	291	260	4,346	6	5	89
Georgia	1,333	1,219	61	51	47	2	835	166	21	82	16	2	498	1,053	40	31	66	3
Hawaii	363	369	4	49	50	1	128	30	2	80	19	1	235	339	2	41	59	(3/)
Illinois 1/	3,938	4,187	---	48	52	---	3,249	1,240	---	72	28	---	689	2,947	---	19	81	---
Indiana	2,404	2,599	30	48	52	1	1,500	370	23	79	20	1	904	2,229	7	29	71	(3/)
Iowa	1,389	1,313	107	49	47	4	958	129	82	82	11	7	431	1,184	25	26	71	3
Kansas 1/	919	186	1,093	42	8	50	831	105	39	85	11	4	88	81	1,056	7	7	85
Kentucky	836	525	122	56	35	8	536	58	55	83	9	8	298	467	67	36	56	8
Louisiana	1,545	1,239	25	55	44	1	837	119	19	86	12	2	706	1,120	6	39	61	(3/)
Maine	529	627	54	44	52	4	271	44	51	74	12	14	250	583	3	31	69	(3/)
Maryland 1/	1,239	1,101	36	52	46	2	723	149	29	80	17	3	516	952	7	35	65	(3/)
Massachusetts 1/	1,414	280	28	82	16	2	1,340	133	18	90	9	1	74	147	10	32	64	4
Michigan	4,016	3,608	21	53	47	(3/)	2,663	700	20	79	21	1	1,353	2,908	1	32	68	(3/)
Minnesota	2,047	1,196	54	62	36	2	1,616	194	53	87	10	3	431	1,002	1	30	70	(3/)
Missouri 1/	577	808	67	40	56	5	361	125	27	70	24	5	216	683	40	23	73	4
Montana	460	580	2	44	56	(3/)	320	78	---	80	20	---	140	502	2	22	78	(3/)
Nevada	286	517	109	31	57	12	146	57	2	71	28	1	140	460	107	20	65	15
New Hampshire	221	93	351	33	14	53	204	48	3	80	19	1	17	45	348	4	11	85
New Jersey	2,105	1,302	48	61	38	1	1,460	202	42	87	11	2	445	1,100	6	29	71	(3/)
New Mexico	606	472	150	49	38	13	427	57	33	83	11	6	179	415	125	25	58	17
New York	6,704	3,246	123	67	32	1	5,072	402	120	91	7	2	1,632	2,844	3	36	63	(3/)
North Dakota	336	232	13	58	40	2	245	39	5	85	13	2	91	193	8	31	66	3
Ohio	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---
Pennsylvania	3,510	3,308	173	50	47	2	2,230	346	133	77	19	5	1,240	2,762	40	31	68	1
Puerto Rico	223	110	6	66	32	2	92	49	3	64	34	2	131	61	3	67	31	2
South Carolina	892	1,017	2	47	53	(3/)	(4/)	(4/)	(4/)	---	---	---	(4/)	(4/)	(4/)	---	---	---
South Dakota	328	263	3	55	44	1	237	54	3	81	18	1	91	209	---	30	70	---
Tennessee	823	655	42	54	43	3	623	136	2	82	18	(3/)	200	519	40	26	68	5
Utah 1/	276	49	36	76	14	10	242	31	7	86	11	3	32	18	29	41	23	37
Vermont	253	238	11	50	47	2	167	31	11	80	15	5	86	207	---	29	71	---
Virginia	2,103	1,656	48	55	43	1	1,346	277	30	81	17	2	757	1,379	18	35	64	1
West Virginia	362	202	973	24	13	63	210	76	68	63	23	14	152	126	925	13	10	77
Wyoming 1/	183	234	39	40	51	9	105	14	39	66	9	25	78	220	---	26	74	---

1/ For limitations on data see annotations, page 2.
2/ Includes a few children for whom relationship to petitioner was not reported.
3/ Less than 0.5 percent.
4/ Data not reported.

Table 4.--Children adopted by unrelated petitioners in 37 reporting States 1/: Number and percentage distribution by type of placement, by State, 1972

State	Number						Percentage distribution				
	Total	Agency placement			Independent placement	No placement or type not reported	Agency placement			Independent placement	No placement or type not reported
		Total	Public	Voluntary			Total	Public	Voluntary		
Alabama	688	478	328	150	198	12	69	48	22	29	2
Arkansas	285	207	204	3	78	---	73	72	1	27	---
Connecticut	566	563	250	313	---	3	99	44	55	---	1
Delaware	104	99	9	90	5	---	95	9	87	5	---
Florida	2,277	1,439	263	1,176	728	110	63	12	52	32	5
Georgia	1,022	708	584	124	311	3	69	57	12	30	(2/)
Hawaii	160	85	42	43	74	1	53	26	27	46	1
Illinois 1/	4,489	(3/)	(3/)	(3/)	(3/)	(3/)	---	---	---	---	---
Indiana	1,893	1,546	1,035	511	340	7	82	55	27	18	(2/)
Iowa	1,169	796	42	754	358	15	68	4	64	31	1
Kansas 1/	975	637	249	388	333	5	65	26	40	34	1
Kentucky	649	556	426	130	90	3	86	66	20	14	(2/)
Louisiana	975	671	116	555	297	7	69	12	57	30	1
Maine	366	239	143	96	---	127	65	39	26	---	35
Maryland 1/	901	659	448	211	164	78	73	50	23	18	9
Massachusetts 1/	1,491	1,450	306	1,144	40	1	97	21	77	3	(2/)
Michigan	3,383	(3/)	(3/)	(3/)	(3/)	(3/)	---	---	---	---	---
Minnesota	1,863	1,775	374	1,401	88	---	95	20	75	5	---
Missouri 1/	513	420	382	38	91	2	82	74	7	18	(2/)
Montana	398	287	204	83	111	---	72	51	21	28	---
Nevada	205	189	183	6	16	---	92	89	3	8	---
New Hampshire	255	222	103	119	33	---	87	40	47	13	---
New Jersey	1,904	1,529	598	931	375	---	80	31	49	20	---
New Mexico	517	278	190	88	195	44	54	37	17	38	9
New York	5,594	4,421	2,122	2,299	1,115	58	79	38	41	20	1
North Dakota	289	278	28	250	9	2	96	10	87	3	1
Ohio	3,566	(3/)	(3/)	(3/)	(3/)	(3/)	---	---	---	---	---
Pennsylvania	2,949	2,137	1,333	804	751	61	72	45	27	[illegible]	2
Puerto Rico	144	32	27	5	102	10	22	19	3	71	7
South Carolina	732	(3/)	(3/)	(3/)	(3/)	(3/)	---	---	---	---	---
South Dakota	294	272	113	159	22	---	93	38	54	7	---
Tennessee	761	604	465	139	155	2	79	61	18	20	(2/)
Utah 1/	280	263	73	190	13	4	94	26	68	5	1
Vermont	209	208	102	106	1	---	100	49	51	(2/)	---
Virginia	1,653	1,203	841	362	450	---	73	51	22	27	---
West Virginia	334	234	234	---	52	48	70	70	---	16	14
Wyoming 1/	158	121	84	37	(3/)	37	77	53	23	(3/)	23

1/ For limitations on data see annotations, page 2.

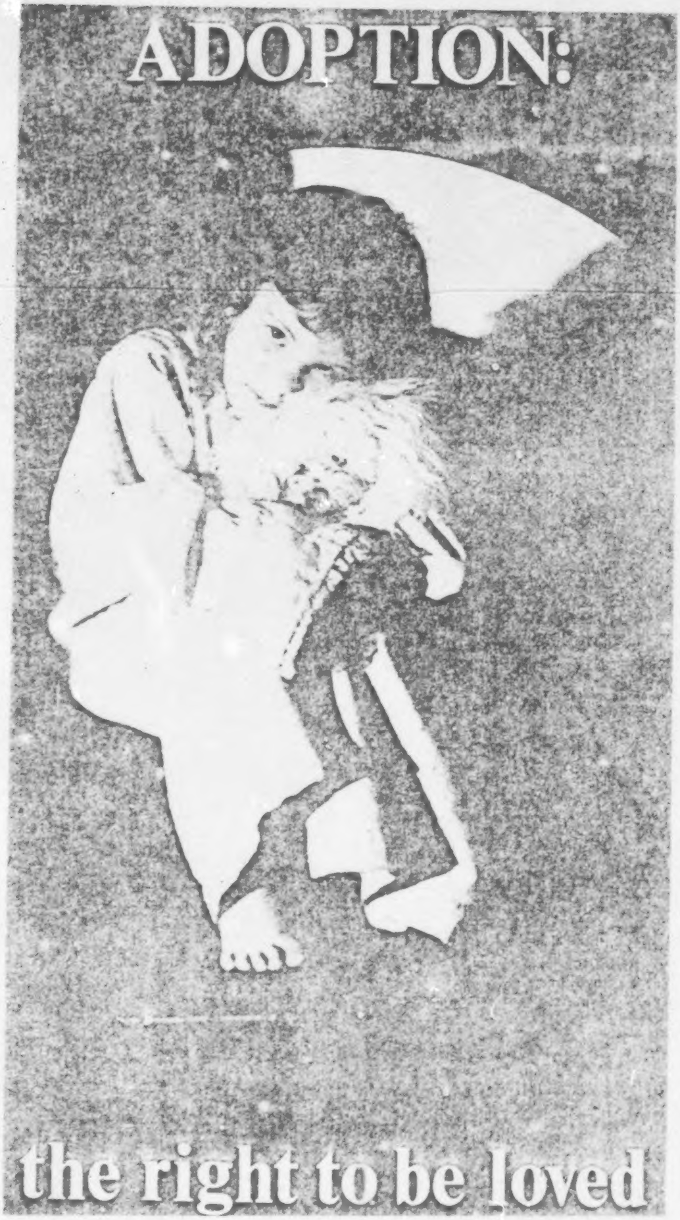
2/ Less than 0.5 percent

3/ Data not reported.

Table 5.--Children adopted by unrelated petitioners in 37 reporting States 1/: Median age at time of placement (in months), by type of placement, by State, 1972

State	Median age in months 2/				
	All children placed	Agency placement			Independent placement
		Total	Public	Voluntary	
Alabama	(3/)	(3/)	(3/)	(3/)	(3/)
Arkansas	3.8	4.5	4.5	(4/)	0.5
Connecticut	2.9	2.9	12.0	1.9	(3/)
Delaware	2.1	2.1	(3/)	1.8	(3/)
Florida	1.5	2.4	31.9	1.8	0.5
Georgia	1.9	2.4	2.5	2.1	0.5
Hawaii	1.2	2.7	(4/)	(4/)	0.5
Illinois 1/	(3/)	(3/)	(3/)	(3/)	(3/)
Indiana	0.5	1.2	2.1	0.5	0.5
Iowa	0.5	0.5	(5/)	0.5	0.5
Kansas 1/	0.5	4.6	5.1	0.5	0.5
Kentucky	2.1	3.0	2.5	1.2	0.5
Louisiana	1.0	1.3	12.7	0.5	0.5
Maine	3.2	3.2	6.2	1.3	(3/)
Maryland 1/	4.8	5.1	5.7	3.5	1.4
Massachusetts 1/	3.0	3.0	7.5	2.6	1.4
Michigan	(5/)	(5/)	(5/)	(5/)	(5/)
Minnesota	3.4	3.4	9.4	2.7	5.1
Missouri 1/	2.6	2.7	2.6	(4/)	2.9
Montana	11.2	11.1	10.5	19.7	13.9
Nevada	2.0	1.8	1.6	(4/)	(4/)
New Hampshire	2.9	3.0	5.7	2.3	(4/)
New Jersey	2.7	3.2	9.4	2.2	0.5
New Mexico	0.5	1.4	2.6	0.5	0.5
New York	3.4	4.5	4.8	4.0	0.5
North Dakota	2.4	2.4	(4/)	2.3	(4/)
Ohio	(3/)	(3/)	(3/)	(3/)	(3/)
Pennsylvania	32.7	12.1	34.2	36.6	20.9
Puerto Rico	2.7	(4/)	(4/)	(4/)	2.6
South Carolina	(3/)	(3/)	(3/)	(3/)	(3/)
South Dakota	2.0	2.0	3.1	1.3	(4/)
Tennessee	2.9	2.9	4.0	1.9	4.5
Utah 1/	0.5	0.5	1.2	0.5	(4/)
Vermont	2.5	2.5	23.8	1.3	(4/)
Virginia	2.2	2.8	4.0	2.1	0.5
West Virginia	2.5	2.8	2.8	(4/)	0.5
Wyoming 1/	0.5	0.5	2.2	(4/)	(3/)

1/ For limitations on data see annotations, page 2.
2/ An entry of 0.5 indicates a median of less than 1 month.
3/ Data not reported.
4/ Not computed; base too small.
5/ Incomplete.


ADOPTION:
the right to be loved

Baby sales—for big profits

Demand for white infants in U.S.: illegal traffic at black-market prices

By Curtis J. Sitomer
Staff correspondent of
The Christian Science Monitor

An acute shortage of white infants available for adoption in the United States has triggered sales of babies at black-market prices around the nation.

Information on this illegal baby trafficking has been gathered by this reporter while traveling the United States for a series on adoptions, "Adoption: The Right To Be Loved," to be published July 23, 24, 25.

It has been corroborated almost uniformly by adoption-agency officials, lawyers, and others in the adoption field.

- So-called "operators" or middlemen are openly approaching doctors, lawyers, social workers, and abortion counselors with lucrative offers for helping them locate healthy, Caucasian babies for adoption.
- Young women living in homes for unwed mothers and pregnant college girls say they are offered large cash sums (reportedly up to $25,000 in some cases) or "bonuses" (living expenses, college fees, travel vouchers) for their babies.
- One successful young businessman and his wife, recently seeking to adopt, were told by both public and private agencies they would have to wait up to five years for a white child.

The immediate alternative was an older child, one from mixed racial background, or a baby with "special" physical or mental problems.

There was another possibility: the couple was told, by friends, that it could get a baby "for a price" — about $10,000 through a lawyer who had "contacts" in Nevada and also in South America. But the young couple backed off. They added their names to several "waiting" lists of agencies, and contacted an acquaintance who has handled "independent" (private) placements in the past.

- One source says prostitutes are being recruited to produce children "for sale" at black-market prices. Another source adds prospective parents are being solicited verbally or confidentially by those who would give them a chance to "choose parents" who would then have a child for them to adopt.

In effect, the parents are led to believe that there are organized "human breeding" farms to spawn babies for adoption.

An Eastern lawyer, who specializes in private adoptions, says he cannot verify specifics. "But I know these things happen. The hunger for children is tremendous. There are thousands of people looking.

"People tell me: money is no object. I don't know where they go. But they come back with babies. Then, I do the paperwork."

This source, who vigorously denies he himself is involved in any "illegal" baby-buying activity, adds: "A client recently told me he was shown 20 photos — 10 young women and 10 young men. He was told he could pick from these the mother and the father for his child."

Many law-enforcement authorities say they are also certain "black market" adoption activity is on the rise. But, with the exception of a few cases where baby agents have been arrested for outright fraud, there is little criminal evidence.

Five indicted

However, in mid-June, five persons were indicted by the Los Angeles County Grand Jury in connection with the alleged operations of an interstate, black market baby-selling racket. Among the indicted is a former Los Angeles County crime commissioner.

Charges include conspiracy, violations of the "slavery prohibition" laws, and preparing false documents.

District attorney investigators charge the group signed contracts with pregnant women and sold their babies out-of-state for $10,000 to $15,000 per child. Court documents allegedly were falsified to allow transfer of the infants.

A deputy district attorney in Los Angeles, who will be prosecuting the black-market-baby case, admits great difficulties in obtaining evidence against alleged dealers.

Profits estimated

"Most people are fearful of coming forward," says the law officer. "Adoptive parents think something might affect the adoption. And most natural mothers are ignorant of the law."

The ring currently under indictment in Los Angeles reportedly projected $3 million to $4 million profits over a two-year period for black-market placements.

The Child Welfare League of America — which, among other things, keeps up-to-date data on adoption trends — reports it is compiling information on "black market" incidents.

But, it says, it is urgently in need of verified reports from the public.

Of the so-called "operators" said to be openly approaching doctors, lawyers, social workers, and abortion counselors with cash offers, the directors of a private New York agency which sponsors a home for unwed mothers, says: "They make no bones about it. They want babies, and they have clients who are willing to pay for them."

A major problem in combating the illegal traffic is that it is unclear to many what constitutes a "black market" adoption.

Legal route circumvented

Child-welfare officials insist this label pertains to the outright "selling" of a child — circumventing legal procedures. In most cases, this would involve falsifying a birth certificate and other records.

This method is contrasted with "gray market" adoption which simply bypasses agency placement in favor of direct adoption via a private physician or lawyer. This "independence" or private adoption is legal in all but two states — Connecticut and Delaware.

In "independent" adoptions, complete legal records are kept. After the baby is placed, a local public agency conducts a study to determine whether the family is fit to have a child in its home.

Some lawyers and judges believe that "black market" efforts would be thwarted if all states ratified only agency adoptions — and outlawed "independent" placements.

Others say it is unfair for public services to have a monopoly on child placements. They claim some couples are virtually eliminated as prospective parents due to income, job status, religion, and other factors.

Alternatives to banning "independent" adoptions outright in an effort to curb "black market" activity include:

- Requiring strict reporting of child placements — within two or three days — to state and local agencies. A law proposed in Florida would require disclosure of a private placement in 72 hours.
- Stiffening of penalties for falsification of birth records and other fraudulent actions in connection with adoptions. Today this is considered a misdemeanor in many states — with $1,000 maximum fine for "selling" babies.

Child adoption: new federal policies needed

By Curtis J. Sitomer
Staff correspondent of
The Christian Science Monitor

The pattern of adoptions in the United States is changing so fast that new national guidelines are needed.

This is agreed by most experts in the field contacted for a current Monitor series, and the experts spotlight two areas as needing the most urgent attention:

- Federal help in finding homes for more than 100,000 youngsters now considered unadoptable because of age, race, or physical or mental handicaps.
- Early clarification of a 1972 Supreme Court ruling requiring that unmarried fathers be given some voice in the fate of their children. The ruling (Stanley v. Illinois) is affecting adoption procedures in every state.

Up to now, adoption problems that have involved more than one jurisdiction have been solved through interstate agreements or individual court rulings.

Many states have resisted federal legislation, fearing that uniform adoption practices might in some way hinder state operations.

However, there is growing feeling that the broad interests of children would best be served by federal action.

Before the U.S. Senate now is a bill introduced by Sen. Alan Cranston (D) of California.

The "opportunities for adoption act of 1974" would, among other things (1) establish a national office of adoption information within the Department of Health, Education, and Welfare, and (2) set up national guidelines to eliminate legal and jurisdictional adoption obstacles between the states.

The bill would also encourage states to undertake adoption subsidy programs — specifically to increase the number of placements of minority and so-called hard-to-place youngsters in permanent homes.

This legislation, which is generally supported by child welfare officials and family court judges, has been referred to a subcommittee on children and youth (of the Senate's Labor and Public Welfare Committee) for hearings.

Interpretations differ

As to the Stanley ruling that affords legal standing to putative or unwed fathers, state adoption officials see it as a source of confusion and concern.

States have been forced to draw up guidelines regarding the rights o natural fathers, yet there is widespread difference of opinion regarding what the Stanley case reall means.

On the one hand, some stat strictly interpret the ruling as requi ing that consent of a natural fath must in all circumstances be obtain before a child may be placed f adoption. Previously, agencies a courts only sought the legal release the natural mother.

On the other hand, officials of oth states frankly admit that they gen ally circumvent the Stanley ruling giving token notice of birth. T forces the putative father to take initiative and come forth — if he h an interest in the child. It also, inference, places fiscal "respon bility" on him.

adoption: the right to be loved

By Curtis J. Sitomer
Staff correspondent of
The Christian Science Monitor

Los Angeles

Once, an American couple who wanted to adopt a white baby could do so fairly easily, if it met necessary income and other requirements.

But not today.

The pattern of adoptions has changed radically in recent years in the United States. Now there's a shortage of white babies – and a surplus of some 100,000 black and other minority children, children with mental or physical difficulties, or other hard-to-place youngsters.

According to a three-part Monitor series starting today, one result is that many couples who want to adopt are thinking seriously about a child from a different racial background.

Another is an upswing in a black market for white babies, and reports of prices of up to $25,000 for babies which are sold.

Birth rate declines

The shortage is attributed by experts to a generally declining white birth rate brought about by a wider use of birth-control methods and greater acceptance of abortions.

And more and more white unwed mothers are deciding to keep their babies, instead of putting them out for adoption, U.S. Government officials say.

In 1970, agencies and private individuals placed an estimated 175,000 children for adoption in the United States.

By the following year, the figure had fallen to 169,000. Although that is the most recent government figure available, the Children's Bureau of the Health, Education, and Welfare Department estimates that placements are running less than 140,000 a year.

Trend continues

The National Center for Social Statistics also estimates that this downward trend is continuing.

In the three-part series starting today on Page 9, several other facets of the adoption matters are examined. One is the so-called "problem" child, and what is being done to place him in loving homes.

Another is the issue of what, and how much to tell an adopted child as he or she grows up and begins asking questions about his or her "real" parents.

The final article is accompanied by a look at what experts in the field believe must be done to streamline adoption laws and to set national standards, as well as an analysis of a recent Supreme Court ruling establishing the rights of natural fathers.

Compromise sought

Many states – among them Iowa, Wisconsin, Michigan, Illinois, New York, and California – are working toward compromise solutions. Michigan, for example, has developed a prenatal "registration" system under which a natural father must file a statement of "interest" in a particular birth.

Other states, including California, lean toward the "registration" system. But observers say this still could leave unanswered problems, such as how to notify the father who is unaware of his paternity.

A few states now advertise for a putative father prior to placement of a child. Some, such as Illinois, allow him 30 days to answer such notice.

But here again, some adoption officials point out, there are serious drawbacks. Many unmarried mothers are extremely reluctant to name the father. Others say embarrassment and stigma are attached to such publication.

Petitions are rare

Although adoption officials say there are instances of natural fathers admitting paternity and legal responsibility – and even rare occurrences where they petition for custody – it is not widespread.

Lawyers, some of whom say the rights of natural fathers should be constitutionally considered, nonetheless generally hold that the Stanley case is a poor legal yardstick.

In this situation, a common-law husband, who had fathered three illegitimate children during an 18-year relationship with their mother, was deprived of their custody when she passed away. Under Illinois law, the youngsters were made wards of the court.

In striking down this state statute, the U.S. Supreme Court held that the failure of a state to grant the father a hearing to determine his fitness to care for his children violates due process and the equal protection clauses of the Constitution.

Adoptions: fewer ch

Adoption: the right to be loved—1

The two couples have much in common:

John Stone and George Donaldson play tennis together, read the same books, and have long talks about politics.

Georgia Stone and Candy Donaldson are both gourmet cooks and like bridge. White, well-educated, middle-class suburbanites, both couples attend the same church. They've taken vacations together.

One more link: Neither Georgia nor Candy is able to have a child.

Four years ago the Stones talked to their minister at length — and applied to adopt a bright-eyed baby girl, three months old. Within a year, baby Allison was legally adopted.

Now the Donaldsons would like to do the same . . . but they find they cannot.

In that four years, the supply of white infants for adoption has almost disappeared.

More specifically, the supply of white infants available to public and private adoption agencies and through "independent" sources is far exceeded by the demand of would-be parents seeking them.

Downtrend traced

Since 1970, the number of reported child adoptions across the U.S. has dropped sharply. Agencies and others placed 175,000 children that year, but the figure fell to 169,000 in 1971.

According to the Children's Bureau of the U.S. Department of Health, Education, and Welfare, placements are likely well under 140,000. (Official government statistics are available only through 1971. But the National Center for Social Statistics estimates that the downward trend continues.)

The Donaldsons can meet the requirements for adoption. Their income is high, and they have their own home. But the only readily available children for adoption are black, or ones with special problems such as retardation or illness.

Ursula M. Gallagher, adoption specialist in the Children's Bureau of the federal Department of Health, Education, and Welfare in Washington, D.C., says the sharp decrease of infants available for adoption is a result of three factors: (1) wider use of birth-control pills and other contraceptives, (2) liberalized abortion laws, and (3) changed social mores.

Countrywide survey taken

In 1969, according to Miss Gallagher, about 90 percent of children placed for adoption with nonrelatives were born out of wedlock.

Today, she says, an increasing number of white middle-class unmarried mothers, as well as a lesser number of blacks, are deciding to keep their babies.

A check of public and private adoption agencies across the country by this newspaper reveals these conditions:

● Caucasian infants are now relatively unavailable through legitimate channels to prospective adoptive parents.

For example, Los Angeles County's Department of Adoption — the nation's largest — placed about 3,500 youngsters annually in the late 1960's. Last year, its placements dropped to just over 1,100.

Typical of the private agencies is New York City's highly respected Spence-Chapin Adoption Service. Its peak placement year was 1967 — with homes found for 475 children. Since then, the figures have slacked off to 113 placements last year.

"And contrary to the past when we mainly placed white infants, over 50 percent of those placed in 1973 were blacks and older children," reports agency director Jane Edwards.

County adoption bureaus, Children's Home Societies, and other child-placement services throughout the U.S., almost without exception, report a similar "drying up" of the white baby market.

● Many agencies have changed their focus from placing babies to finding homes for minorities, older children, and those with physical and mental handicaps.

Special adoption plans have sprung up — such as The Boys and Girls Aid Society of Oregon's "Opportunity" which specializes in placing black children with white families; and Illinois's Lutheran Child and Family Services' "Families for All."

ldren to choose from

Others servicing "hard to place" children include the Chicago Child Care Society; Maryland's Conference of Social Welfare, Massachusetts' Department of Public Welfare; Michigan's Council on Adoptable Children; New York's Harlem-Dowling Children's Services; the Children's Home Societies of North Carolina and Ohio; and Medina Children's Service in Oregon.

To those who want to adopt "hard to place" youngsters, many of these agencies offer lower fees (based on family income). And in some cases, even medical and legal services usually borne by adoptive parents are waived.

- Intercountry adoption is on the rise. Public and private groups are helping bring homeless children from Vietnam, South Korea, Central and South America, in particular, to U.S. families.

For example, the private Oregon-based Holt Adoption program placed 1,600 orphaned Koreans in the U.S. last year. Homes for an additional 1,200 were found in Europe.

And OURS (Organization for a United Response), a parents group formed in Minneapolis, works with orphanages and private agencies in Colombia and Mexico, among other places, to effect adoptions of transracial youngsters by U.S. parents.

Child-welfare officials see no change in the decreasing availability of white infants in the foreseeable future. And they are concerned over reports of an upswing of "black market" adoptions — through which couples illegally "buy" babies priced at up to $25,000.

Couples like the Donaldsons may have to wait three years or more to adopt a white infant through normal channels.

However, if they want a child sooner, they may elect other options. Among them, they can investigate adopting an "older" youngster or one with special problems. They can turn toward inter-country adoption — through a program such as those mentioned above. Or they can provide a home for a youngster of a cultural background different from their own.

The Donaldsons have yet to decide. George is concerned that his parents might be very upset if they adopted other than a white infant. And Candy insists it's not a matter of "prejudice." But she's afraid she might not be able to cope with a child of five or six years of age who would bring with him various experiences and background of "another" family.

The Donaldsons find themselves at a personal crossroads — coincidentally at a time that the entire child-placement field faces similar crises.

Emerging directions are based on a change of philosophy which now emphasizes "homes and families for children" rather than "children for childless families."

Trends sketched

In line with this, would-be parents and prospective adoptees in the U.S. can look toward these trends:

1. A thrust by agencies — both public and priva[illegible] to turn childless couples toward adopting older and hard-to-place children.

2. A relaxation of qualifications (such as age, income, and racial and religious "matching") for those couples who would consider transracial and "problem" adoptions.

3. Incentive plans — such as adoption subsidies — to make it financially feasible for foster parents and others with limited incomes to seek legal adoption of older children.

4. Increased adoptions by "singles" (unmarried, divorced, or widowed) and established families whose own children have grown and left the fold.

5. Expansion of a nationwide adoption "clearinghouse" to alert agencies and prospective parents of the availability of youngsters in all corners of the nation.

6. New emphasis on finding permanent homes for children in long-term foster care and those who have previously "failed" in trial adoptions.

Some of these concepts have already been launched in the form of specific programs — such as adoption-subsidy plans in New York, Michigan, and California. Also a pilot project to promote adoptions of black youngsters — from 2 to 16 years old — in East St. Louis, Ill. Others are on the drawing board.

First of three articles.

For further information contact:

Child Welfare League of America, Inc., 67 Irving Place, New York, NY 10003.

Children's Bureau, Office of Child Development, U.S. Department of Health, Education, and Welfare, Washington, D.C.

Homes for hard-

Around the U.S., efforts are under way to find homes for children of mixed racial background, or with special handicaps. Both public and private agencies are trying to find homes with "love for one more."

By Curtis J. Sitomer

Staff correspondent of The Christian Science Monitor

For eight-year-old Chris the long search for a home is over. The much-traveled youngster recently found new parents and two "big" sisters in southern California suburbia.

The same is true of Linda and Patti, 11- and 9-year-old sisters. Mistreated, abandoned, and finally relinquished by their natural mother in Florida, they have been placed in the home of the Phelpses, a building contractor and his wife in Seattle.

And then there is Sarah — part-white, part-black, a vigorous budding feminist of 8, who, after shuttling from one foster home to another throughout her life, has settled in with a permanent "mother" — Darlene Schwartz, a single career woman in New York.

Chris, Linda, Patti, and Sarah are among several thousand so-called hard-to-place children who are finding homes as a result of a variety of public and private adoption programs across the U.S. designed to find "love for one more."

But there are an additional 150,000 "adoptable" youngsters still waiting for permanent placement — in foster homes, children's shelters, and other temporary facilities.

Five-year wait

They comprise the "other side" of the relatively new adoption picture today.

On the one hand, white infants suddenly have disappeared from the scene and families seeking them often have to wait up to five years or even longer to find and adopt them. But on the other, there is an oversupply of older children, those with transracial backgrounds, and others with so-called special problems seeking permanent parents.

However, for the first time, public and private agencies are actively recruiting adoptive homes for this group. Programs vary from state to state and even by community.

For example, Los Angeles's Reach Out focuses on helping long-term foster parents effect legal adoptions.

Illinois's Adopt Now uses financial incentives to attract ghetto families for black children. A recent promotional project elicited a prize-winning slogan from a teenager: "Show Your Pride: Adopt a Soul Child."

Still in limbo

Child welfare officials note that literally thousands of "legally free" youngsters are still in limbo (in terms of adoption) today simply because of widespread public ignorance of their availability.

Others are "tied up" due to legal technicalities, such as variation of state laws regarding court relinquishments by "natural" parents, obstacles in some places to making adoptions by foster parents permanent, and a new law that would appear to require the consent of unwed fathers for placement. (This last item, the result of a U.S. Supreme Court ruling, Stanley v. Illinois, is stirring major controversy in the adoption field.)

However, three new trends, subsidized adoption, interstate placement, and homes with "singles" are starting to provide homes for significant numbers of hard-to-place youngsters.

Chris's adoptive parents, a City of Los Angeles worker and his wife, say they would have taken him anyway, regardless of the financial aid.

Adoption: the right to be loved—2

"At first, I didn't want it," explains Robert Sleeper. "But then I realized I was just proud. That $100 a month really helps us."

The Sleepers, who have two "birth" daughters, Cindy, 11, and Cyril, 10, wanted a son. "But at this point, a baby in the household might have been pretty disruptive," Beth Sleeper admits.

The potential adoptive parents attended a picnic sponsored by the Los Angeles County Bureau of Adoptions. There they met Chris and fell in love with him.

to-place children

But there were hurdles, and the agency did not try to hide them, Mr. Sleeper explains. Chris was a disciplinary problem. He had been in two foster homes, after being neglected by a "hippie" mother who at first tried to raise him in a commune. Until recently there was no identifiable father in his life. He seldom went to school.

The Sleepers's formula for Chris has been big dosages of love – and firmness. "We treat him just like other members of the family," says his adoptive father. "When he gets out of line, the girls sit on him – typical big sisters."

Chris talks about his former life. And he corresponds with a maternal grandmother in the East. Someday, he says, he would like to see his mother again.

Social worker Audrey Kahane, who placed Chris, insists: "The Sleepers are very unusual people. They can accept the past. It's not a threat to them [that Chris remembers his "birth" mother and earlier experiences]. Some adoptive parents can't seem to grapple with this."

Payments vary

Robert Sleeper passes this off. "He's the only kid on the block with three grandmothers," he laughs. "But we're learning a lot from him. The rewards of adoption are much more subtle than many think," Mr. Sleeper says.

As far as the subsidy is concerned, the Sleepers receive a monthly allotment to help them buy clothing and needed educational extras for Chris. This is made possible under a three-year experimental adoption subsidy law passed by the California Legislature.

The District of Columbia and 31 other states have similar laws. And a bill proposed by U.S. Sen. Alan Cranston (D) of California would underwrite such a program nationally.

Although subsidy payments vary from state to state, they are usually considerably less than costs of foster care. A recent Columbia University study estimates, for example, that foster care for a child from infancy to 18 years of age could tally as much as $122,500 in public funds, as opposed to a $25,560 average expenditure for raising a youngster in an adoptive home.

Linda's and Patti's quest for a home was even longer and more far-flung than Chris's. But ARENA (Adoption Resource Exchange of North America) eventually found them one.

This New York-based, home-finding clearinghouse helps public and private agencies in 40 states match prospective parents with youngsters. Although modestly funded, ARENA placed 183 children in 1973, mostly between 2 and 9 years of age. About one-half were blacks, Mexican-Americans, or of other minorities.

Linda and Patti were rejected by potential families in Michigan, North Carolina, New Jersey, Kansas, and Illinois before the Phelpses came to their rescue.

"Siblings are often hard to place," admits ARENA director Arlene Nash. "And with all the other problems in these youngsters' background, we had just about given up."

Under earlier adoption regulations in most states, which used age, income, ability to bear children, and religious and racial considerations as critera for qualifying as adoptive parents, the Phelpses could not have gained guardianship of Linda and Patti.

"But all that is changed now," reports Mrs. Nash. "We're almost solely looking for a home which would meet the needs of a particular child."

Like the Phelpses, Darlene Schwartz, an unmarried career woman in her early forties, had little chance of adopting a child up to a few years ago.

On good terms

And even now, the New York Bureau of Child Welfare put her through the paces before releasing Sarah to her. "I am single, white, and Jewish. Sarah was transracial and who knows what else," Miss Schwarz says.

After a shaky start, Sarah and her adoptive mother have become "pals." "And we're surrounded by a number of surrogate aunts and uncles, all wanting to be helpful," Miss Schwartz says.

"There are still the normal mother-daughter battles. When we're on good terms Sarah tells everybody she's Jewish. When she's mad about something she says she's Protestant. And at Easter she manages to become Catholic," Miss Schwartz laughs.

Although single-parent adoptions are on the increase, child-welfare officials admit they are still wary of them. Many frankly say that they will place girls only with mothers and boys with fathers.

"The best situation is two parents – a mother and a father. Short of that, we look for a home where there's an extended family – grandparents, aunts, and uncles," explains a Children's Home Society official.

"But which is better," asks a San Francisco businessman-widower who has just adopted an 8-year-old boy, "a home with one parent who provides love and discipline and everything else, or no home at all?"

An Eastern big-city lawyer, Peter Foster, was criticized by some when he recently added by adoption three youngsters of mixed race to his family of two teen-agers.

Successful law suits

Militant black groups, supported by the National Association of Black Social Workers, insist that homeless black youngsters be placed only with families of their own race. And a caucus of American Indians, supported by several successful lawsuits, charge that whites are virtually affecting "genocide" of Indian tribes via interracial adoption.

Mr. Foster, a liberal who says he recognizes the importance of adoptees maintaining their ethnic identity, nonetheless defends transracial adoption.

"A family," he insists, "is built on other things than biological relationships – spiritual relationships, love, emotional ties.

"Biological links are least important of all," he says.

Second of three articles.

For further information contact:

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What to tell an adopted child

'I need to know who I am.' So says one adopted child, now a teen-ager, explaining why he asked his adopted father and mother about his natural parents. What should he be told? Experts are groping for answers.

By Curtis J. Sitomer

Staff correspondent of The Christian Science Monitor

New York

Wendy, a kindergartner, arrived home one noon, perplexed.

"Are you my 'real' mother?" she asked.

"Why? Don't you think so?" came the reply.

"Well, I know I'm adopted and all that," Wendy continued. "But are you really my mother now? Or do I have another one?"

"Yes, I'm your 'real' mother. And 'daddy's' your 'real' father. We take care of you – and love you. And we all live here together. . . . That makes us 'real,' doesn't it?"

The mother went on: "As I've told you before, you once had another mother, a 'birth' mother. And she was a very nice lady. But she couldn't take care of you. So everybody thought it would be best if you came to live with us. Daddy and I were so happy you did."

Wendy was satisfied, at least for a time. She had been reassured that she was the "real" child of the family she lived with. Also her wise adoptive mother dispelled her concerns that her "other" mother was a bad person or had rejected her baby for some unknown reason. Further, it was stressed that Wendy was loved and wanted by her adoptive family.

Wendy's parents would be graded "A" by most child-guidance specialists for their handling of this situation.

Current thinking urges: Tell the child that he or she is adopted as soon as possible; reassure him that his "birth" or "natural" mother didn't turn him out arbitrarily; reinforce that the "real" parents are the ones who now provide a home and love and care for him.

Questions confronting field

Is this enough? Or should adoptive children be told more about their biological parents – and perhaps some day be introduced to them, if possible?

These questions are confronting the entire child-welfare field. Until recently, it was an open and shut book with public and private agencies. Most shared some details of the backgrounds of "natural" mothers (and sometimes fathers) with adoptive parents. But official records were withheld from adoptees, even when they became adults.

Also, most states issue new birth certificates bearing the name of adoptive parents, and seal away original papers. Now only in Virginia, South Dakota, and Alabama can adult adoptees obtain such records without a specific court order.

However, there is a growing thrust to change this situation. And it's coming from several fronts.

First, hundreds of adult adoptees who futilely have tried to gain information about their origins are joining "search" groups across the United States. Among them, the Adoptees Liberty Movement Association (ALMA), headquartered in New York, and "Orphan Voyage," a Colorado-based organization whose purpose is to seek out and effect reunions with "birth" parents.

Also, many in the adoption field are beginning to question the wisdom of "secrecy" as to origins. For example, the Child Welfare League of America – which still officially stands on the principle of confidentiality – is, nonetheless, re-examining its position.

And public and private placement services – which also outwardly advocate closed records – admit privately that they are urging increased "openness" with adoptive parents and will sometimes unofficially share information with an adult adoptee who is determined to delve into his background.

Adoption: the right to be loved—3

Do most adoptees feel a need to locate their natural parents? And, if so, why?

Research is scanty on both these questions. In Scotland and Finland, where birth records are open, officials report that less than 50 percent of adoptees avail themselves of them.

And a spot check by this newspaper of agency officials in New York, California, Minnesota, and elsewhere reveals that a small minority of adoptees return and demand data on their origins.

However, post-adoption sessions with older adoptees surfaced these feelings, among others:

"I love my adoptive parents. But I need to know who I am. That's why I'm searching. I don't want to ask my mother why she gave me up or to have a continuing relationship with her. I just want her to know I care" (a New York teen-ager).

"I've just always wondered, that's all. My folks called me their 'darling adopted daughter.' And I'd feel awful if they knew I was still curious. But I still look at magazines, and when I see a picture of a retiring teacher [she was told her mother was a young schoolteacher], I start thinking ..." (a California college professor's wife).

'I don't care anymore . . .'

"I used to care. But I don't anymore. I vaguely remember her. When I was very young – in a foster home – she would come to visit me. Then after I was adopted, my [adoptive] parents took me one day to a hotel to meet her. It was very awkward. I looked at this woman and said to myself, she's not my mother. I have a real mother. I never saw her again" (a Minneapolis business woman with grown children of her own).

Perhaps the most militant "search" group is headed by Florence Fisher, an attractive New York City housewife, who spent 20 years fighting public officials to glean information about her "natural" parents.

Mrs. Fisher was adopted as an infant but was not told about it. Later, as a child, she accidentally discovered "papers" in her mother's bureau, and although her adoptive parents continued to deny the fact, she relentlessly pursued the "truth."

"I'm a human being. And I had a right to know," she says.

Now, as the main force behind ALMA, she is urging other adult adoptees to lobby to open up birth records and seek their "identities." (Mrs. Fisher finally did track down her "natural" mother, who was less than happy to be confronted. However, her father, a Hollywood stuntman, says he's delighted to find his daughter. And the two now have a close relationship.)

The public reactions to Florence Fisher's quest have been mixed – and sometimes emotional. "Most say: God bless you. Keep up the good work," she reports. "But you wouldn't believe the hate mail." Most stringent opposition has come from adoptive parents groups who accuse her of "stirring up trouble" and being ungrateful to those who adopted her.

Another devotee of disclosure of birth records is long-time social worker Annette Baran, who now is conducting a major research project with adoptive parents, "natural" mothers, and adult adoptees.

"We're finding that you don't have to be disturbed or have experienced an unhappy childhood to search," says Mrs. Baran. "I've heard many heartwarming stories of reunions." She suggests a national clearinghouse to exchange information between adult adoptees and natural parents who desire it.

On the other hand, the Adoptive Parents Committee and others argue that cracking the seal of confidentiality on birth records could embarrass biological parents and "open a can of worms" for the adoptee.

Others agree. Marietta Spencer, who conducts a unique post-adoptive clinic for the Children's Home Society of Minnesota and is herself the mother of two teen-age adoptees, insists that a sharp distinction should be made between "secrecy" and "confidentiality."

Mrs. Spencer, who urges adoptive parents to progressively disclose "positive" information about birth and background to their children as they mature, nonetheless attacks the validity of a search for a so-called "real" mother.

"I feel distinctly that I'm a 'real' mother – although I'm not the genetic ancestor of my children.

"Adoption is a way of family building. It gives a child family membership by way of social contact," she adds.

Veteran New York Family Court Judge (and specialist on children's rights) Justine Wise Polier admits jurists are reassessing the "confidentiality" issue.

Future developments sighted

But Judge Polier disagrees sharply with Florence Fisher, who raises the question of the "constitutionality" of sealed records.

"This is not a legitimate civil-rights issue," she stresses. "If adoptive parents take full responsibility, the child is in every way theirs. Also, natural parents have a right to privacy.

"But most importantly, confidentiality is essential to a child's sinking his roots deep into his adoptive home," Judge Polier adds.

Close observers see these future developments in this controversy:

- "Search" groups are likely to continue to press legislatures and courts in various states to change their "confidentiality" laws. (Mrs. Fisher says she intends to file a class-action suit on behalf of hundreds of thousands of adoptees across the United States.)
- Research projects, such as the one now being conducted by Mrs. Baran and proposed by CWLA, will likely delve into the effects of opening birth records on all parties as well as try to assess the psychological importance of biological data to adult adoptees.
- Public and private adoption agencies will urge broader exchange of information regarding origins. Some say that with the trend toward adoption of "older" children, this has been affected naturally. "We can't tell an older child: forget everything you remember," points out a California social worker.
- Adoptive-parent groups will more broadly discuss the whole question of "secrecy" and "confidentiality."

A black adoptive father, who until recently resisted such disclosures, said: "We probably have been caught up in fears which have no real basis. I think there's enough love in my heart now to include that [natural] mother."

Last of three articles

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"Independent Adoption"
Excerpted From:

We Take This Child

A Candid Look at Modern Adoption

CLAIRE BERMAN

Independent Adoption

Persons interested in adopting a newborn child generally have the option of working with established adoption agencies or locating an infant independently, on referral by a lawyer, a doctor, a religious leader, or another interested, involved third party. This legal, alternate means of bringing together an abandoned child with adoptive parents has had the unfortunate label "gray market" imposed on it by advocates of agency adoption. The title, which has stuck, infers illegality, a sense that there's got to be some hanky-panky going on somewhere. Does gray not have shadings of black?

There always have been black market dealings in children, situations in which infants are "sold" for large sums of money, in which legal procedures are bypassed and birth certificates falsified. As the supply of healthy infants diminishes, such horror stories increase. We deal here not with this black market—which must be recognized as one form of independent adoption—but with the vast gray market, which operates within the law.

In the past, many couples adopted privately because agency rules that insisted on religious matching, that set age limits for adoptive applicants, and that frowned on any previous marriage by one of the partners now seeking a child would have precluded their becoming parents. It was for them a necessary alternate plan.

One such couple were the Leighs, Penny and Ben, childless after thirteen years of marriage. The United States was enjoying a baby boom when the Leighs approached a well-known private agency to inquire into their chances of adopting. Penny was Catholic; Ben, Unitarian. They were told, "We have a lot of lovely babies. If the two of you will join a church and attend services for three months, then bring us a letter from your pastor, we'll be glad to do something for you." Penny decided that hypocrisy wasn't a good base on which to build a family. She and Ben let the word out—they were looking for a baby.

"You've got to let everyone know," Ben explained, "even though it seems a great invasion of your own privacy, because the unlikeliest people will lead you to the best sources." The Leighs received calls from wives of doctors ("My husband knows of someone who could help you. . . ."), from a law clerk who seemed nervous about a proposed meeting, eventually from someone who knew a doctor who, when contacted, referred them to an upstate lawyer who dealt forthrightly and honestly with the couple. Young John Benjamin Leigh is now eight years old.

Roger Permissant was fifty-one and the father of teenage children by his first wife. Doris, his second wife, was thirty-eight when the Permissants became interested in adoption. Agency workers looked upon them, at best, as parents to an older child. Doris and Roger wanted an infant. The five-year-old little girl who has been their daughter since the week she was born was located via a doctor who then sent the couple to a lawyer he knew who handled the legal work for the family.

Still other men and women who could have met agency standards with ease came to the gray market because of stories they'd heard about agency procedures. Depending on the policy of an institution or the worker's psychological orientation, in many cases couples were made to lay bare some of the most private details and emotions of their lives. Some husbands and wives found this a degrading experience. Others believe the questioning added to their self-knowledge and, eventually, made them better marital partners and parents. A good many adoptive parents simply learned to play what, in adoption circles, is referred to as The Interview Game, the basic rule of which is: "Tell them what they want to hear." Those who've been unwilling to play and have been able to pay number among the persons for whom independent adoption has been the answer. Today, when a good many agencies are not even taking applications for healthy infants, men and women on shakier financial ground but who want newborn children are turning to the gray market. They are dismayed to learn that here, too, there are fewer sources of babies, costs are spiraling, and there is no guarantee that a couple will be able to find a baby.

Up to this time, what has it been like to adopt a baby privately? While no two tales of independent adoption are the same, similarities among cases emerge. Those who have adopted with an attorney as intermediary will recognize bits of their stories in the account of how Sheldon and Cora Adelman came to adopt their daughter Janine, now six, who was followed by Gabrielle, four. The history is told by Dr. Sheldon Adelman, an articulate young pediatrician who arranged to meet me in his toy-filled, cheery office located in a small medical center of an affluent suburban city.

"There comes a time in your marriage," he began, "after you and your mate have been trying to conceive a child without success, when you begin to face the fact that you have problems. So you go to a doctor and, unless there's something glaringly the matter with one or the other of you, you'll get a diagnosis in somewhat vague terms: 'It seems unlikely you'll conceive a child' or 'The odds are low. . . .' Something like that. We doctors dislike hopeless terminology, so you'll seldom hear a medical man say anyone is 'incapable of conceiving.'

"Then you must decide whether you're going to keep trying, against the odds, or consider artificial insemination—a real alternative if the fault lies with the husband. That wasn't so in our case. We decided on a more positive step: adoption. Cora and I had no doubt we wanted a family. I'm in a unique position to work closely with so many parents and their children, biologic and adopted, and I'm convinced the basic pleasure of being a parent is nurturing. I have no hang-ups about adopting, but I didn't realize it would be so difficult to get a baby. Cora and I were young (I was thirty-one, she was twenty-seven), healthy, well educated (Cora taught school before the children came into our lives), with a good marriage and the potential of a good income. Why should there be any problem about our adopting a child?

"We're also Jewish. In our city, there was one agency that handled the bulk of adoptions of Jewish children. State laws prohibited our adopting a child of another faith. Because of the scarcity of Jewish infants, that agency—even during the years preceding abortion reform when there were plenty of babies available—was faced with a problem the entire adoption world has come to know: more applicants than infants. We saw the social worker here as oriented to discouraging applicants, then willing to work with the diehards who simply wouldn't give up."

The Adelmans weren't turned away by staff members. However, they knew the adoption procedures here were drawn out over a long period. They also knew couples who'd been through six months to a year of being interviewed ("Have you sought psychiatric help about your inability to conceive?" was a favorite question) only to be sent a form letter of rejection. When they pressed to learn the reason, these couples were told they were too success-oriented in their careers and wouldn't have enough time to devote to a child. Concerned that this might be their fate, Sheldon and Cora started investigating out-of-state agencies that worked with Jewish children and parents. All had residency requirements. The Adelmans then heard of a home for unwed mothers, more than halfway across the country, willing to cross religious lines in placement. Cora sent them a letter of inquiry and received a reply: come on down.

Cora and Sheldon flew cross-country to visit the home and were taken on a tour of the impressive, well-maintained facilities. "They had to justify the fine fees they were going to charge, which would have been in the neighborhood of fifteen hundred dollars in our income bracket, a healthy amount in those days," Dr. Adelman commented. The tour was well planned, culminating in the nursery, its bassinets filled with newborns. "Yes," said Sheldon and Cora as one, at that moment extremely vulnerable to any plan that would net them a baby, "we want one. What do we have to do?"

The first requirement was to extend their stay so they could be interviewed, jointly and separately, to determine the stability of their marriage. Some time after they returned home, a representative of the home came to see them (and other families in their geographical area who'd applied to adopt a child through this institution) for what goes down on the books as a house visit.

Assured all was proceeding smoothly, Dr. and Mrs. Adelman gave up their one-bedroom apartment in the city and moved to a house they'd bought in the suburbs —in a good town in which to raise a family. They awaited their baby. Foolishly (in retrospect) Cora had spoken to the social worker at the first agency they'd registered with and let slip that she and Sheldon had made application at the second, distant agency and had hopes of receiving a child shortly. The caseworker didn't take this news kindly. She effectively withdrew the Adelmans from consideration at her agency.

Eight months later, after Cora had written a file full of letters to the out-of-state home, its worker wrote to say, "We may not be the right place for you. We'll get in touch with you again at some future date." Don't call us, we'll call you. Sheldon believes the agency underwent a change in policy and no longer was willing to make placements across religious lines. Anguished, Cora cried the entire week following that letter of inferred rejection. Sheldon decided, "To hell with all this agency crap. We'll find a baby independently."

How to go about this?

"Laymen think all members of the medical profession are connected to some intricate network that's part of an international black market dealing in babies," Sheldon stated. "Well, I'm not. Neither are those among my friends who are doctors. What's more, I have a great respect for the law. I wouldn't jeopardize my life and career to get involved in something illegal, not even for a personal matter as important as this one was. But I do have patients whom I know were adopted children, so I asked some of their parents how they'd come by their children. The name of one lawyer was frequently mentioned, always followed by a comment on his honesty and genuine concern for his clients. Cora and I made an appointment to see him.

"Our first meeting was reassuring rather than interrogatory. While he asked us several questions about our lives and our plans for any eventual child of ours, the lawyer said he saw no reason for us *not* to adopt a baby. He outlined the procedure to be followed. He explained that solicitation of a child from its natural mother is illegal. Since he knew of no then-pregnant woman looking for a family to adopt her expected child, his role in the proceedings would be restricted to handling the legal end of the adoption once a baby had been located for us. He'd give us a list with names and addresses of attorneys in various other parts of the country who had among their clients expectant mothers, generally referred to them by obstetricians the women were seeing in prenatal care and to whom they'd announced their intention of giving up the child when born. [Sources not named by the lawyer, but cited by others: abortion counselors; contacts on college campuses; friends of the unwed mother, some of whom have themselves surrendered children for adoption.] Cora and I were told to write several persons on the list, asking to be informed if and when they learned of the availability of an infant. We could have mentioned a sex preference, but we had none. We wanted a healthy baby.

"The basic arrangement is that these out-of-state attorneys advise you of a 'situation' of an unborn child who, when born, will be available for adoption, according to the mother's present thinking. The data reads something like this: 'Situation of Brenda B. Age seventeen. Completed high school. Five feet four inches. One hundred and nineteen pounds.' The girl's medical history is given. Information on her family may also be included. If the identity and facts on the natural father are known, they may be mentioned as part of the situation. Based on this information, we were to decide if we'd be interested in the infant, when born, and to so inform the out-of-state lawyer."

Cora and Sheldon wrote to lawyers in Texas, Florida, and California. These states, plus Arizona, are favored by young mothers waiting out their pregnancies. The young women seem to like the warm climate and the fact that the states have sizable transient populations. A girl logically could go to any for a "vacation," return home with a suntan as proof of her story. Besides, it's pleasanter to wait out the prenatal period lounging beside a pool than huddled next to a radiator.

Within three months, proposals were received from California and Texas. One of the situations seemed better than the others; it included facts on the child's father that were encouraging as to academic potential. The Adelmans committed themselves to cover this girl's obstetric expenses, including the cost of delivery and hospital bills, and to agree to adopt the newborn if the baby was born healthy. At the same time, the expectant mother was sent biographies of Sheldon and Cora, with all facts correct but their surnames excluded, for she had to consent to have her baby adopted by them. This is contrary to most agency procedures, where complete anonymity is the rule rather than the exception.

If the religion of the prospective adopters is different from the one with which the natural mother is affiliated (the case in this adoption) and the mother consents to adoption by the couple, she must sign a paper in which she cites her religion and the religion *in which she wants her child to be raised.* The language of the law in the states concerned with the Adelman adoption proceedings reads that the adopters must have the same religion as the child, not as the mother of the child. Thus the woman who gave birth to the little girl whom she then consented to have adopted by Sheldon and Cora stated that, while she was born Catholic, she no longer practiced her religion. She fully understood the adoptive parents were Jewish and she authorized and directed her child be raised in the Jewish faith.

Had she wished, she could have insisted on a Catholic home for the baby . . . or a home in which there were siblings . . . or pets . . . or a home in a rural community

. . . or in placing her child with a young couple or with a mature man and wife. Says New York adoption lawyer Terry Milburn, "When independent adoption is practiced ethically, it is the biological mother who places the child based on biographies of prospective adoptive parents sent to her. The attorney does the necessary legal work but *does not place the child.*"

When the little girl who is today Janine Adelman was born, Cora received the call she'd been waiting for. "Congratulations," said the out-of-state attorney. "You've just become the mother of a healthy baby daughter."

Cora screamed with joy, phoned Sheldon at the hospital, and the very next morning the two of them were on a plane to pick up their daughter. They went straight from airport to hospital, where they were met by their out-of-state counsel. He requested a check for $1,000, which he indicated would cover the hospital bill and doctors' fees. Dr. Adelman thought that was high, but admits, "I didn't ask any questions. It didn't seem too far out of line and I wanted my baby." Because he is a pediatrician, Sheldon was permitted to examine the infant. (Nonmedical persons may elect to have their baby seen by any doctor of their choice, even though the infant is checked by the staff doctor or one known to the lawyer or obstetrician who delivered the child.)

"Then we went into a cab, which took us right back to the airport, where we got a plane, which took us right back to our own city, where we were picked up by my in-laws, and suddenly we were home," says Sheldon. He stops pacing the length of the office; his face breaks out in a broad smile as he remembers the moment: "All of a sudden this problem that has weighed on you for years has disappeared and in its place is this lovely pink bundle. I can't tell you how good that feels."

What followed were legal formalities. A social worker was sent by the court to do a study of the family. Such studies are more cursory than investigative, as in the case of agency adoption. Since the baby is already *in* the home, the worker seeks to approve the situation, not to decide if the couple is worthy of parenthood. This difference in attitude can make for a pleasanter relationship between family and caseworker.

At this point the lawyer who first supplied Sheldon and Cora with the list of out-of-state attorneys stepped back into the picture. He filled out the papers necessary to complete the adoption. Six months later, at a final hearing held before a surrogate, the adoption papers were signed and sealed. A new birth certificate was issued for Janine, with date and place of birth unchanged but with the names of Cora and Sheldon Adelman in the spaces provided for "mother" and "father." The cost of the adoption of Janine ran between $600 to $800 to the first attorney, at least an equal amount to out-of-state counsel, plus the money for hospital and doctor bills and airfare, excluding previous flights taken to visit out-of-state agencies, a step the Adlemans need not have taken. One reputable attorney cites $2,500 to $3,500 as the minimum amount a couple must expect to spend today. This includes the bills of two lawyers, all medical bills (doctors and hospitalization), and maintenance, if any, for the mother. Where maintenance is covered, it must be reported to the court. Medical problems (including delivery of the child by Caesarean section and premature births) can raise the figure as can airfares if the mother elects to fly to a distant state to await, and deliver, her baby.

Two and a half years later, the Adelmans went through virtually the same ceremony when they adopted Gabrielle —in the same manner, but without the agonizing and additionally expensive runaround that had preceded the adoption of Janine. Sheldon's assessment of private adoption as it worked for his family: "It's a good thing.

It's legal, reasonable, accessible adoption and it's honest in a way that agency adoption often is not. It says, 'You want a child; we will find you a child who needs a home and parents.' That's really where it's at, isn't it?"

The present scarcity of babies has made its impact on this "reasonable" and "honest" procedure to the point where, frequently, it has become difficult to distinguish gray from black. Terry Milburn, one of New York's better known adoption lawyers and herself the adoptive mother of three children, finds that greater numbers of unwed mothers, aware of the value of their commodity, are asking to be paid for giving up their newborns. When she tells them she will not help them make a profit on the child, they sometimes make other contacts. And it is these contacts, frequently other attorneys, Miss Milburn believes, who are giving the general group of ethical lawyers specializing in adoption—some forty across the nation—a bad name.

Many would-be adopters who contacted Miss Milburn in the early months of 1973 were told there was a possibility of a two- to three-year wait for an infant. That same month, the New York *Times* reported there *were* babies available to couples who knew the right word: money. To prove this, the *Times* reporter and a male friend posed as wife and husband seeking to adopt an infant. Their initial phone call to a top New York adoption lawyer elicited the response that no appointments could be arranged before the end of March. The lawyer added that the adoption situation was grim: the couple probably would have to wait two years for a baby. After the "husband" indicated money was no object and inferred that a baby was needed to save this marriage (the kind of reason agency personnel and many others in the field find unacceptable), the couple was given an appointment for the following week. Two days after the phone conversation, but before the scheduled meeting, the attorney telephoned with news of a white American baby about to be born. The costs to be covered were $9,500 plus his own legal fee of $2,500.

"Unfortunately," said Miss Milburn when asked to comment on the above story reported in the article, "more and more of this sort of thing is happening today. The result is to let money decide who is entitled to a baby and to exclude persons of moderate means from parenthood. I don't play the game that way."

When the game is not played with cards stacked for the highest bidder, it is very much like the legal procedure described by Dr. Adelman. Terry Milburn will speak to clients much as a social worker deals with people who seek to adopt via her agency. She wants to know about the length of the marriage, how the husband and wife coped with problems that attend the inability to conceive (for despite general changes in the picture of the adoptive couple to include parents with bio-children as well as newlyweds committed to the concept of Population Zero, the man and woman who shop the gray market almost invariably fit the standard illustration: partners in a marriage that cannot produce its children biologically). Miss Milburn wants to know if either party is reticent about adoption and is just going along with the idea to please the other.

She is careful to make clear the law and the inherent pitfalls: within a given time, the natural parent can change his or her mind; the child can be born in imperfect health and the couple may lose money placed in escrow for medical expenses; the court may question the qualities of the adoptive home. As matters now stand in New York, the mother who has consented to give her child up for adoption has thirty days from the filing of the petition to adopt in which she can change her mind and demand the return of the baby. There is then a hearing to determine what is in the best interests of the child, with no paramount right of custody in either the biologic mother or the adoptive parent.

The legal requirement of six months during which the couple has custody of the baby in foster care and six months' wait from the filing of the petition until finalization of the adoption has been amended so that both time requirements can run concurrently. It is therefore possible for the baby to be legally adopted within six months of placement, sometimes in less time if circumstances warrant.

Terry Milburn also points out that persons who contract to adopt are responsible for medical and hospital bills of mother and child even if the baby is stillborn or is born with a handicap, although they are not committed to see through the adoption of the child with special needs. This is accomplished by having the applicants place money to cover the estimated costs of medical and hospital bills in escrow pending the birth of a specific baby for whom they are waiting. "At this point," the lawyer notes, "some families decide to go no further. When they quickly take the warnings as an out, I know what they're dealing with. It's their uncertainty about whether adoption is right for them. 'Go home and think about it,' I tell them. 'Make certain this is really what you want to do. If you decide to go ahead, call me.'"

On the other side of each situation is the biologic mother. "Remember," Miss Milburn emphasizes, "in independent adoption, the natural mother is not simply surrendering her child: she is consenting to place that child with a specific couple, generally one she has selected from several biographies of families willing to adopt her child. It's been my practice, when dealing with her, to ask if she'd like to meet with the adoptive parents. If she says yes, I do my best to arrange that. It hasn't seemed to hurt the adoption over the long run in any way."

Such openness is not the rule. For each couple interviewed for this report who met with the bio-mother or with another member of the baby's family (one woman recalled how the infant she was to adopt was placed in her arms by the maternal grandfather, who said with dignity, "I give you my grandson. Be good to him."), there are many others who have only the name of the child's mother. And there are those who located infants via a network of persons operating on the fringe of legal private adoption who tend to be as unreasonable about their fees as they are furtive in their dealings. Many an adoptive parent has been made to play the tender scene of confrontation with one's child in the setting of some out-of-the-way parking lot, where the infant is switched from one car to another as money changes hands.

The situation has reached a point where even those people who strongly favor nonagency adoption are aligning with advocates of all-agency adoption, so as to put the "baby sellers" out of business. Such a situation exists in Delaware and Connecticut, where only adoptions through public or private agencies are allowed. But unless agencies relax their requirements and open their doors to middle-aged persons, previously wed persons, and those of any faith (or of none), unless they can be set up so that arbitrary selection and exclusion ceases to take place where the fate of families is concerned, nonagency adoption must flourish. And as more wheeling and dealing takes place in the gray market, responsible professionals in independent adoption may be forced to other areas of the law, leaving the field to the opportunists and the parking lot attendants.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Children's Bureau

Revised March 1960

TRENDS IN DATA
OF SPECIAL INTEREST
TO THE CHILDREN'S BUREAU

Prepared by
Program Analysis Branch
Division of Research

Children Adopted in the United States, by Relationship of Adoptive Parents a/

Year	Total	By unrelated persons		
		Total	Placed by social agencies	Placed independently b/
1958	96,000	49,900	30,400	19,500
1957	91,000	47,300	28,400	18,900
1956	93,000	46,500	26,500	20,000
1955	93,000	48,400	27,100	21,300
1954	90,000	46,800	25,700	21,100
1953	90,000	45,900	25,200	20,700
1952	85,000	41,700	23,400	18,300
1951	80,000	38,400	20,000	18,400
1950	76,000	36,500	19,300	17,200
1949	71,000	36,200	19,200	17,000
1948	- - -	- - -	- - -	- - -
1947	- - -	- - -	- - -	- - -
1946	- - -	- - -	- - -	- - -
1945	54,000	28,100	13,800	14,300
1944	50,000	26,000	12,700	13,300

a/ National estimates from State reports to the Children's Bureau

b/ Children placed in adoptive home without the aid of a recognized child-placing agency or institution.

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Congressional Research Service

Washington, D.C. 20540

October 31, 1974

TO: Subcommittee on Children and Youth
Attn: Pam Ebert or Ellen Hoffman

FROM: Education and Public Welfare Division

SUBJECT: State laws regarding independent adoptions and subsidies for adoption

Please find enclosed a copy of the chart compiled by the American Law Division of the Congressional Research Service which we discussed over the phone. As is mentioned in the copy of the memo attached to the chart, it is by no means complete in that it only includes information from the statutes which are indexed under the term adoption. As you can see, almost all of the States require that "child placing agencies" be licensed or authorized by the State (only 10 States have no specific provision related to State control - Alaska, Arkansas, Louisiana, Missouri, New Hampshire, New Mexico, South Dakota, Texas, West Virginia and Wisconsin).

With regard to the subject of independent adoptions, there are three States which completely prohibit independent adoptions - Connecticut, Delaware and Minnesota. Several other States allow independent adoptions, but only in the case of a relative adopting a child - Colorado, Georgia, Indiana, Maine and Tennessee. The Rhode Island statute requires that private adoptions go through a licensed agency.

All of the States but Alaska require some sort of investigation of the adoptee and/or adoptor prior to final decree (although the Texas statute is a little vague). This investigation may be in either the form of a medical or a social examination.

Since the chart does not take into consideration other statutes which are not indexed under the term adoption it does not include most of the States which have adoption subsidies. I have marked this in on the chart, but am also including a list of the 34 States and the District of Columbia which have passed laws providing subsidies for adoption.

As I mentioned in our telephone conversation, I am still waiting for further information from HEW on the types of subsidies available and the State regulation. This information will be forwarded to you as soon as I receive it.

In addition to the chart, I am sending some information on the topic of "Black Market Adoptions" which may be of interest to you. Included in this information are the cover pages of hearings held in 1955 and 1956 on this subject. These hearings encompass several hundred pages of testimony and should be available in your Documents room.

I hope this information will be helpful.

Jean Yavis Jones

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Alabama	Code of Alabama §§27-1 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations due them from adoptee or them to the adoptee.	Requires an investigation of the physical and mental condition of the adoptee.	No specific provisions found.	All such agencies, etc., are required to be licensed by the State.	Records are confidential and are to be opened only on order of the Court. Gives adoptee right to see upon reaching 21 years of age.
Alaska	Alaska Statutes §§20.10.010 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations to the adoptee and of the adoptee to the natural parents.	No specific provisions found.	No specific provisions found.	No specific provisions found.	Records are to be sealed and opened only on order of the Court.
Arizona	Arizona Revised Statutes §8-101 et seq.	Required if 12 years of age or older.	Requires a pre-adoption certificate containing among other things the religious background of the applicant.	Completely severs all rights and obligations which are legally to and from the natural parent.	Requires an investigation of the mental and physical condition of the adoptee. Requires a social study of both the adopter and the adoptee.	No specific provisions found.	Permits the placement for adoption by State division or agency or other person, etc., the Court may direct.	Records are to be sealed and opened only on order of the Court.
Arkansas	Arkansas Statutes §56-101 et seq.	Required if adoptee is 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations due to the adoptee or the adoptee to them.	Requires a pre-adoption investigation of the adoptee to determine its availability for adoption but no medical examination stated.	No specific provisions found.	No specific provisions found.	Records are to be sealed and opened only on order of the Court.

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
California	West's California Codes. Civil Code. §§221 et seq.	Required if adoptee is 12 years of age or older.	No specific provisions found.	Relieved of all parental duties and responsibility for adoptee and have no rights over the adoptee.	Requires a pre-adoption report on welfare of child. Permits an annulment of adoption for evidence of feeble-minded, epileptic or insanity as a result of conditions prior to adoption within 5 years after adoption.	Permits State financial aid to adopters of hard to place adoptees. Bars advertising of adoption by unlicensed agencies, etc.	Requires all adoption agencies, etc. to be licensed by State. Bars unlicensed agencies or persons to place adoptees for adoption.	Records are confidential, not to be made public unless names of natural parents are deleted.
Colorado	Colorado Revised Statutes §4-1-1 et seq.	Required if adoptee is 12 years of age or older.	Requires an investigation of the suitability of the racial, religious and cultural background of the adopter.	Divested of all legal rights and obligations of natural parents and frees adoptee from all legal obligations to natural parents.	Requires a pre-adoption investigation of the physical and mental condition of adoptee.	Provides State aid to a State Institution or licensed private child care institution to make public information on potential adoptees. [illegible]	Requires that child placing agencies, etc., be licensed by State. No private placements with anyone other than a relative	Records are to be sealed and to be opened only by order of Court.
Connecticut	Connecticut General Statutes §45-61 et seq.	Required if 14 years of age or older.	Pre-adoption information is to include religious affiliations of adoptee.	Divested of all legal rights and obligations both as to adoptor and adoptee.	Requires information as to the physical and mental condition of adoptee.	No specific provisions found. Subsid. adop.	Requires all adoption agencies, etc., to be licensed by State. Prohibits Independent Adoptions	Records are to be sealed and opened only by order of Court. Adoptee may see records upon reaching age of 18.

CRS-3

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Delaware	**Delaware Code** §§13-901 et seq.	Required if 14 years of age or older.	Provides that at least one of adopters be of same religion as adoptee, but permits waiver in best interest of adoptee.	Divested of all legal rights and obligations and shall no longer be entitled to any rights or privileges regarding the adoptee.	Requires information on the physical and mental condition of adoptee.	No specific provisions found. Subsid adop	Requires that all child placing agencies, etc., be licensed by State. Prohibits Indep Adoptions	Records are to be sealed and opened only on order of Court.
District of Columbia	**District of Columbia Code** §§16-301 et seq.	Required if 14 years of age or older.	Requires the petition to contain the race and religion of the adoptee and adopter.	Cuts off all rights and duties to the adoptee.	Requires information on the physical and mental condition of the adoptee.	No specific provisions found. Subsid Adop	Requires all child placing agencies, etc., to be licensed under laws of the District of Columbia.	Records are to be sealed and opened only on order of Court.
Florida	**Florida Statutes** §§63.011 et seq.	Required if 12 years of age or older.	Requires when practicable the adoptee and adopter be of same religious faith. Permits waiver by natural parent.	Relieved of all rights and obligations of the adoptee.	Requires a social investigation and report on the adoptee.	No specific provisions found.	Requires all child placing agencies, etc., to be licensed by State.	Records are to be sealed and opened only on order of Court.

CRS-4

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Georgia	Code of Georgia §§74-401 et seq.	Required if 14 years of age or older.	Information required of the suitability of racial and religious affiliations of adoptee.	Divested of all legal rights or obligations to and from the adoptee.	Requires information as to the physical and mental condition of the adoptee.	Provides for financial assistance to adoptors of handicapped adoptee.	Requires child placing agencies, etc., to be licensed by State or appointed by Court. Prohibits private placement by anyone other than a relative	Records are to be sealed and opened only on order of Court.
Hawaii	Hawaii Revised Statutes §§578.1 et seq.	Required if 12 years of age or older.	No specific provisions found.	Provides that the natural parents shall not be considered to be related to the adoptee and all such duties and rights shall cease.	Requires information as to the physical and mental condition of the adoptee.	No specific provisions found.	Requires all child placing agencies, etc., to be licensed by State.	Records are to be sealed and opened only by the Court.
Idaho	Idaho Code §§16-501 et seq.	Required if 12 years of age or older.	No specific provisions found.	Divested of all parental duties and responsibilities to the adoptee and of all rights over adoptee.	Requires a general report on the adoptee.	No specific provisions found. Subsid adop.	Requires all child placing agencies, etc., to be licensed by the State.	Records are to be sealed and opened only on order of Court.
Illinois	Smith-Hurd Illinois Statutes §§9.1-1 et seq.	Required if 14 years of age or older.	Requires information on the religious faith of adoptor and adoptee. Requires religion be given priority if possible.	Divested of all legal obligations and rights with respect to adoptee.	Requires information relating to the physical and mental health of the adoptee.	Provides financial assistance to adoptors of hard to place adoptees.	All child placing agencies, etc., must be licensed by or supervised by State.	Records are to be sealed and opened only on order of Court.

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Indiana	Burns Indiana Statutes §§31-3-1-1 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal duties and obligations to the adoptee and of all rights with respect to the adoptee.	Requires information on the environment and antecedents of the adoptee.	No specific provisions found. [illegible] Adop	Requires all child placing agencies, etc., to be licensed by the State, County, or welfare department. → [illegible]	Records are to be sealed and opened only on order of Court.
Iowa	Iowa Code §§600.1 et seq.	Required if 14 years of age or older.	Requires the petition to contain information as to race and religion of adoptee and adopter.	Provides that the adopter and adoptee have same rights and duties as if born in wedlock, but is silent as to natural parents.	Requires a social report as to the adoptor and adoptee.	Provides financial assistance to the adoptor of handicapped adoptee.	All child placing agencies, etc., must be licensed by State or welfare agencies.	Records are to be sealed and opened only on order of the Court.
Kansas	Kansas Statutes Ann. §§59-2101 et seq. §§59-2277 et seq.	Required if 14 years of age or older.	No specific provisions found.	Provides that all rights and obligations shall cease.	Requires information on the physical and mental condition of adoptee.	Provides financial support to adoptors of hard to place adoptee.	All child placing agencies, etc., must be licensed by State or welfare agency.	Records are to be sealed and opened only on order of Court.
Kentucky	Baldwins Kentucky Statutes §§199.470 et seq.	Required if 12 years of age or older.	No specific provisions found.	Divested of all legal relationship of personal and property rights.	Requires information as whether adoption is in best interests of adoptee and whether it is suitable for adoption.	No specific provisions found. Subsid Adop	Requires all child placing agencies, etc., to be licensed by State. Contains specific provisions for the placement for adoption by private persons. [illegible]	Records are to be sealed and opened only on order of Court.

CRS-6

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Louisiana	Louisiana Revised Statutes §§422 et seq.	Required if 17 years of age or older.	Requires adoptees to be of same race as adoptors.	Divested of all legal rights and duties relating to the adoptee.	Requires information on the physical and mental condition of the adoptee.	No specific provisions found.	No specific provisions found.	Records are to be sealed and opened only on order of Court.
Maine	Maine Revised Statutes §§19-531 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations relating to the adoptee.	Requires information on the conditions and antecedents of the adoptee.	No specific provisions found.	All child placing agencies, etc., must be licensed by State. Prohibits Private Placement with anyone other than a relative	Records are to be sealed and opened only by order of the Court.
Maryland	Ann. Code of Maryland Art. 16 §§67 et seq. Maryland Rules D72 et seq.	Required if 10 years of age or older.	Requires the consideration of the adoptees religion. Requires the petition to contain race and religion of adoptee.	Divested of all legal duties and obligations and rights relating to the adoptee.	Requires such information as the Court may deem necessary relating to the adoptee.	No specific provisions found. Subsid Adop.	Requires all child placing agencies, etc., to be licensed by the State. Allows private placement but requires notification to state by prospective adopters	Records are to be sealed and opened only by order of the Court.

CRS-7

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Massachusetts	Massachusetts General Laws Chap. 210 et seq.	Required if 12 years of age or older.	Provides that if the request for religious designation is not given, the reason therefore, shall be made part of proceedings.	Divested of the rights and legal consequences between the adoptee and the natural parents.	Requires information on the conditions and antecedents of the adoptee. Requires the judge to consider the need of the adoptee and all factors relevant to the physical and mental and moral health of the adoptee.	No specific provisions found. Subs., Adop.	Prohibits the offering for adoption by anyone except a State agency, or licensed or authorized agency or person.	Records are sealed and opened only on order of the Court.
Michigan	Michigan Statutes Ann. §§27.3178 (541) et seq.	Required if 10 years of age or older.	No specific provisions found.	Divests all legal rights and obligations between adoptee and natural parents. Permits adoptee to inherit from natural parents.	Requires information on the adjustment of the adoptee.	Permits financial aid to adoptors for medical expenses for conditions which existed prior to adoption.	All child placing agencies, etc., must be licensed by the State.	Records are to be sealed and opened only by order of the Court.
Minnesota	Minnesota Statutes Ann. §§259.21 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all parental responsibilities and have no rights relating to adoptee.	Requires information on the suitability of adoption of adoptee and to include conditions and antecedents of the adoptee.	Permits financial assistance to adoptors of children under State guardianship.	All child placing agencies, etc., must be licensed or authorized by the State. [illegible] Independent Adoption	Records are to be sealed and opened only by order of the Court.

CRS-8

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Mississippi	Mississippi Code §§93-17-1 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all parental rights and obligations.	Requires information on the physical and mental condition of the child and any other material facts the Court deems proper.	No specific provisions found.	All child placing agencies, etc., must be licensed by the State.	Records are to be sealed and opened only on order of the Court.
Missouri	Vernon's Ann. Missouri Statutes §§453.010 et seq.	Required if 14 years of age or older.	No specific provisions found.	All legal relationships between adoptee and natural parents shall cease.	Requires information of the physical and mental condition of the adoptee.	Permits financial aid to adopters of adoptees from State foster homes and to adopters of adoptees who are hard to place, such as handicapped, minority, and ethnic races.	No specific provisions found.	Records are to be sealed and opened only on order of the Court.
Montana	Revised Codes of Montana §§61-201 et seq. §§71-1802 et seq.	Required if 12 years of age or older.	No specific provisions found.	Divested of all parental rights and provides that they have no rights over the adoptee.	Requires information of the conditions and antecedents of the adoptee.	Directs agencies, etc., having custody of hard to place children to exhaust all possibilities for permanent adoption of such children and provides financial aid to adopters of such children. Svcs Adp	Requires all child placing agencies, etc., to be licensed by the State.	Records are to be sealed and opened only on order of the Court.

CRS-9

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Nebraska	Revised Statutes of Nebraska §§43-101 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all parental duties toward and all rights relating to the adoptee.	Requires information as may be relevant to the propriety of such adoption.	Provides financial aid to adoptor of an adoptee with special needs.	Requires all child placing agencies, etc., to be licensed by the State.	Records are to be sealed and opened only on order of the Court.
vada	Nevada Revised Statutes §§127.010 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all parental duties and rights relating to the adoptee.	Requires information of the conditions and antecedents of the adoptee.	Permits financial assistance to adoptors of adoptees with special needs due to race, age, physical or mental problems.	Requires all child placing agencies, etc., to be licensed by the State.	Records are to be sealed and opened only on order of the Court.
New Hampshire	New Hampshire Revised Statutes §§461 et seq.	Required if 14 years of age or older.	Provides that due consideration be given to the race and religion of the adoptee.	Divested of all legal rights and obligations between the natural parents and the adoptee.	Requires information on the conditions and antecedents of the adoptee.	No specific provisions found.	No specific provisions found, but the State must make or supervise all investigations. State must be [illegible] by [illegible] adoptee.	Records are to be sealed and opened only on order of the Court.
ew Jersey	New Jersey Statutes Ann. §§9:3-17et seq.	Required if 10 years of age or older.	Provides that due consideration be given to the religious background of the adoptee.	Divested of all legal rights, duties and obligations relating to the adoptee.	Requires information on the potential fitness of the adoptee and adopter.	Establishes an Adoption Resources Exchange to facilitate the placement of children for adoption. Subsid Adop	Requires all child placing agencies, etc., to be licensed or approved by the State.	Records are to be sealed and opened only on order of the Court.

CRS-10

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
New Mexico	New Mexico Statutes §§22-2-20 et seq.	Required if 10 years of age or older, unless Court dispenses with consent.	No specific provisions found.	Divested of all legal parental rights and obligations relating to the adoptee.	Requires information on conditions and antecedents of the adoptee.	No specific provisions found.	No specific provisions found.	Records are to be sealed and opened only on order of the Court.
New York	McKinney's Consol.Laws of New York Domes. Rel. §109 et seq. Soc. Ser. §398 et seq.	Required if 14 years of age or older.	Requires information on the familial, social, religious, emotional, and financial background of the adopter.	Divested of all parental duties and rights relating to the adoptee.	Requires information of the physical and mental health of the adoptee.	Provides for a State wide exchange for prospective adoptive parents. Provides financial aid to out-of-state adoption of certain children.	Provides for the placement of adoptees by State authorized and private agencies.	Provides that the surname of adoptee may not be disclosed.
North Carolina	General Statutes of North Carolina §48-1 et seq.	Required if 12 years of age or older.	No specific provisions found.	Divested of all legal duties, obligations, and rights relating to the adoptee.	Requires information of the conditions and antecedents of the adoptee.	No specific provisions found.	All child placing agencies, etc., must be licensed by the State.	Records are to be sealed and opened only by order of the Court.

CRS-11

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
North Dakota	North Dakota Century Code §§14-15-01 et seq.	Required if 10 years of age or older, unless Court dispenses with consent.	No specific provisions found.	Divested of all legal relationships relating to adoptee.	Requires information of the conditions and antecedents of the adoptee.	No specific provisions found. Subsid Adop	Requires all child placing agencies, etc., to be licensed or specially empowered by the State.	Records are to be sealed and opened only by order of the Court.
Ohio	Page's Ohio Revised Code §§3107.01 et seq.	Required if 12 years of age or older.	Requires information to include racial, religious and cultural background of the adopter and adoptee.	Divested of all legal rights, duties, and obligations relating to the adoptee.	Requires information on the physical and mental condition of the adoptee.	No specific provisions found. Subsid. Adop	Requires that all child placement agencies, etc., be supervised by a Governmental agency. Requires [illegible] by an agency/or investigation by court	Records are to be sealed and opened only by order of the Court.
Oklahoma	Oklahoma Statutes Ann. §§60.1 et seq.	Required if 12 years of age or older.	The race of the adoptee is required in petition.	Divested of all legal rights and obligations relating to the adoptee.	Requires information into the conditions and antecedents of the adoptee.	No specific provisions found.	Requires child placing agencies, etc., to be empowered by the State.	Records are to be sealed and opened only by an order of the Court.
Oregon	Oregon Revised Statutes §§109.305 et seq.	Required if 14 years of age or older.	No specific provisions found.	Legal relationship with adoptee shall be same as if the adoptee had not been born to them.	Requires information as to the personal particulars of the adoptee as may be prescribed by the State Registrar.	No specific provisions found. Subsid Adop	All child placing agencies, etc., must be licensed by the State but permits private adoptions under certain conditions.	Records are to be sealed and not opened to public inspection.

CRS-13

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Pennsylvania	Pennsylvania Statutes §§1-101 et seq.	Required if 12 years of age or older.	Provides that whenever possible, the adopter shall be of the same religion as the adoptee. Requires the petition to contain racial background of adopter.	Court may issue a decree of termination of all parental obligations and rights.	Requires information relating to the age, sex, health, antecedents, and the eligibility of the adoptee for adoption.	No specific provisions found.	Defines a child placing agency is an incorporated or unincorporated organization, society, institution, or other entity, public or voluntary, supervised by the State.	Records are to be sealed and to be opened only on order of the Court.
Rhode Island	General Laws of Rhode Island §§15-7-1 et seq.	Required if 14 years of age or older.	Requires that adoptee be of the same religion as may be designated by the natural parents.	Divested of all legal rights and obligations, but permits the right of inheritance from the natural parents.	Requires information as to the suitability of the adoptee for adoption.	No specific provisions found. Subsid. Adop.	All child placing agencies must be licensed by the State. Private adoptions must go through a licensed agency.	No specific provisions found.

CRS-13

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
South Carolina	Code of Laws of South Carolina §§10-2587.1 et seq.	No specific provisions found.	No specific provisions found.	Divested of all legal rights and obligations.	Requires information of the conditions and antecedents of the adoptee.	No specific provisions found.	Defines "adoption agency" as any person, authority, or agency, legally empowered to place children for adoption.	Records are to be sealed and opened only on order of the Court.
South Dakota	South Dakota Compiled Laws §§25-6-1 et seq.	Required if 12 years of age or older.	Provides that the investigation include the sex, race, and color of the adoptee and adopter.	Divested of all parental rights and obligations.	Requires information that the adoptee is suitable for adoption.	No specific provisions found. Subsid Adop	No specific provisions found.	Records are to be sealed and opened only on order of the Court.
Tennessee	Tennessee Code Ann. §§36-103 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations.	Requires information on the conditions and antecedents of the adoptee.	No specific provisions found. Subsid Adop	All child placing agencies, etc., must be licensed by the State. Prohibits PRIVATE placements with anyone other than a relative.	Records are to be sealed and opened only on order of the Court.
Texas	Vernon's Civil Statutes of Texas Family Code §§16.01 et seq.	Required if 12 years of age or older.	No specific provisions found.	No specific provisions found as to natural parents. Adoptive parents are given all rights and obligations as if they were the natural parents.	The Court will issue an adoption decree if it is satisfied that adoption is in the best interests of the child.	Provides financial assistance to adopters of hard-to-place children. Art. 46-b-2	No specific provisions found.	No specific provisions found.

CRS-14

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
Utah	Utah Code Ann. §§78-30-1	Required if 12 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations.	Requires information on the physical and mental condition of the adoptee.	No specific provisions found. Subsid Adop.	All child placing agencies, etc., must be licensed by the State.	Records are to be sealed and opened only by order of the Court.
rmont	Vermont Statute Ann. §§15-431	No specific provisions found.	No specific provisions found.	Divested of all legal rights and obligations relating to the adoptee.	Requires information of the conditions and circumstances surrounding the adoption.	No specific provisions found. Subsid Adop.	Requires child placing agencies, etc., to be licensed or approved by the State.	Records are to be sealed and opened only by order of the Court.
Virginia	Code of Virginia §§63.1-220 et seq.	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations relating to adoptee.	Requires information as to the physical and mental condition of the adoptee.	No specific provisions found. Subsid Adop	Requires child placing agencies, etc., to be licensed by the State.	Records are to be sealed and opened only by order of the Court.
Washington	Revised Code of Washington §§26.32 et seq.	No specific provisions found.	Requires the petition to list religion and race of adoptee and adopter.	Divested of all legal rights and obligations in respect to the adoptee.	Requires information as to the physical and mental condition of the adoptee.	Provides financial assistance to adoptors of hard-to-place adoptees.	Defines an "approved agency" as any public or private association, corporation or individual with lawful authority to place a child for adoption.	Records are to be sealed and opened only on order of the Court.

STATE STATUTORY PROVISIONS ON ADOPTION

State	Statute Citations	Consent of Adoptee	Race, Sex, or Religion	Rights of Natural Parents	Medical Information of Adoptee	State Aid on Placement of Potential Adoptees, etc.	State Control of Adoption Agencies, etc.	Confidentiality of Records
West Virginia	Code of West Virginia 48-1 et seq.	Required if 12 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations relating to the adoptee.	Requires discreet information as to whether the adoptee is a proper subject for adoption.	No specific provisions found.	No specific provisions found.	Records are to be sealed and opened only on order of the Court.
Wisconsin	Wests' Wisconsin Statutes 48.81 et seq.	Required if 14 years of age or older.	When practicable, requires the adopter to be of the same religious faith as adoptee.	Divested of all legal rights and obligations with respect to the adoptee.	Requires information of the environment and antecedents of the adoptee.	No specific provisions found. Subsid. Adop	No specific provisions found.	Records are to be sealed and opened only on order of the Court.
Wyoming	Wyoming Statutes	Required if 14 years of age or older.	No specific provisions found.	Divested of all legal rights and obligations with respect to adoptee.	Requires information relating to the medical condition of adoptee signed by a licensed physician on such forms issued by the State.	No specific provisions found.	Defines "agency" as any person, authority of agency locally and empowered to place a child for adoption.	Records are to be sealed and opened only on order of the Court.

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STATISTICS

ESTIMATES ON NUMBER OF CHILDREN IN INSTITUTIONS (Div. of Vulnerable Children, Children's Bureau)

Type of Institution		Est. No. of Children
Dependent & Neglected		100,000
Physically Handicapped		20,000
Delinquent (Correctional)		100,000
Mentally Retarded		100,000
Mental Health		100,000
	Total	420,000
Maternity Homes (est.)		10,000
	Total	430,000

ADOPTION STATISTICS

The Children's Bureau estimates that there are 100,000 children who will not be placed in adoptive homes unless there is some special effort made (i.e., subsidy, release from parental custody, special recruiting of adoptive parents).

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ADOPTIONS IN 1972 (Most Recent)

NCSS Dept. Of HEW Report no. E-10 (72)
(SRS) 75-03259 Publ. Feb. 1975

Sample - 37 states (incomplete data in seven of these states)

STATISTICS ARE NOT OF ANY VALUE BECAUSE OF POOR REPORTING.

SOURCE: ADOPTIONS IN 1971

NCSS Report E-10 (1971)
DHEW Publication No. (SRS) 73-03259

	Number	%
No. of Children Adopted (1971)	169,000	
Adoptions arranged by agencies - Total	65,400	79% of total adoptions
Adoptions arranged by public agencies	29,800	46% of agency adoptions
Adoptions arranged by voluntary agencies	35,600	54% of agency adoptions

Characteristics of Children Adopted

Race - White	147,000	87% of total
All Other	22,000	13% of total
Birth Status - Born out of wedlock	101,000	60% of total
Born in wedlock	67,600	40% of total
Median age at time of placement	1.9 months	

SOURCE: Children Served by Public Welfare Agencies and Voluntary

Child Welfare Agencies and Institutions, March 1971
DHEW Publ. No. (SRS) 73-03258
NCSS Report E-9 (3/71)

Children receiving social services from state and local public welfare agencies - March 1971

	Number	%
Total	2,977,246	
Children in home of parent or relative	2,590,134	87% of total
Children not in home of parent or relative	387,112	13% of total
Children in foster family homes	247,238	64% of all children not living with parent or relative

	Number	%
Children in Group Homes	4,532	1%
Children in Institutions	65,772	17%
Children in Adoptive Homes	44,771	12%

Jean Yavis Jones
Education and Public Welfare Division
April 7, 1975

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DISCUSSION OF PROBLEMS OF ADOPTION AND PROPOSALS TO HELP ALLEVIATE THESE PROBLEMS

[Prepared According to the Instructions of the Subcommittee on Children and Youth]

The attached has been prepared for the personal use of the Member requesting it in conformance with his directions and is not intended to represent the opinion of the author or the Congressional Research Service.

Jean Yavis Jones
Education and Public Welfare Division
April 7, 1975

PROBLEMS IN THE FIELD OF ADOPTION

I. Shortage of Healthy, White Children Available for Adoption, Accompanied By a Large Demand For Same.

There is no real solution to this problem, and it is not certain that there should be one. Since the real purpose of adoption is to care for those children who for one reason or another are not being cared for by their parents, it is clearly desirable that such a situation is prevented. The ideal is for children to be raised and cared for by their natural parents. Unfortunately, the ideal is not always the real. The problem in adoption is that while there is a shortage of healthy white children, there are many children available for adoption who are either mentally or physically handicapped, members of a minority group, older, or members of a sibling group. In each of these cases there is not much of a demand to adopt.

In the case of mentally or physically handicapped children, the care of these children requires enormous financial as well as emotional exertion. (Of course, nothing can be done to provide people with the emotional stamina it must take to adopt a physically or mentally handicapped child.) In the case of minority race children, their outlook for adoption has improved considerably over the last several years, but there are many available for adoption who are not being adopted. Increased efforts to recruit black families for adoption, as well as acceptance of transracial adoptions by agencies has helped. The term "older" in the field of adoption is a changing one. For example, until the early and mid-sixties "older" meant 4 or 5 years old.

Not any more. Now "older" means over 12 or 13. In many cases, these 12 or 13 year olds have lived in several different foster homes and have led, for the most part, an insecure existence which has led to problems which often make it even harder for them to be adopted. Every child welfare worker will admit the importance of placing a child in an adoptive home as soon as possible, thereby avoiding the scars of insecurity and sense of "not belonging" which often result from long-term foster care. The key to the problems of many of these "older" children lies in the fact that they were not available for adoption at an earlier age. The reason for that is usually because parents refused to give them up for adoption even though they did not intend or were not able to care for them. The problem of children remaining in permanent foster care is not a new one, but it is becoming increasingly more obvious as fewer and fewer of the more sought after children become available for adoption and more and more people try to adopt them.

II. Children Remaining in Permanent Foster Care.

As previously mentioned, many children who are placed for what is usually intended to be temporary foster care often remain in permanent foster care. As this becomes more and more obvious to agencies, many of them have realized that they must change their outlook with regard to foster care. In many cases, agencies are dividing their foster care population between those who are likely to be returned to their home and those who are not likely to be returned to their own home. In the latter group, the agency tries to determine whether or not the child is likely to be adopted or is likely to remain in permanent foster care. Plans for the children are then made accordingly.

7

In many states, laws are being passed to help agencies release children for adoption. The common denominator in these laws is the "best interests of the child". Generally, the provisions of these laws will require that natural parent(s) who have no contact with their child for a set period of time, and who indicate neither the ability nor the inclination to care for that child, can have their custody of that child terminated.

Many of those who might be considered in the group of children likely to remain in permanent foster care are handicapped, or otherwise hard-to-place. Agencies do not rule out the possibility of adoption for these children, they simply realize the difficulties involved and are trying to make some kind of permanent arrangement for the child in the event that ~~he~~ or she is not adopted.

III. Intercountry Adoption

In the last several years, adopting foreign children (particularly Southeast Asian children) has aroused a great deal of interest. It is not particularly uncommon for a rise in interest to develop following a war or disaster. Following World War II numerous European orphans were adopted by Americans (particularly soldiers). Following the Korean conflict, through the efforts of people like Pearl Buck, thousands of Korean children were brought to America for adoption. There are, of course, difficulties involved in adopting a foreign child. Things like locating a child, being approved by both the overseas agency and a local agency, applying for immigration for the child and the expenses involved all serve to discourage the intercountry adopter.

IV. Changing Times

Adoption experts agree that the increased use of contraceptives; the increasingly common practice of single parents keeping their babies and the legalization of abortion have all played a role in the dwindling number of babies available for adoption. How much of an effect is debatable, but many see the trend toward single parenthood and the growing acceptance of unwed motherhood as being an important factor. This new acceptance of single parenthood has spread over to agency applications for adoptions. Increasing numbers of single people are adopting children, and while agencies would prefer to place a child in a two-parent home, they realize that in a society where one marriage in four ends in divorce, it is better for a child to have one permanent loving parent than none.

In addition to single persons adopting, other persons not formerly acceptable as adoptive parents, (i.e., Disabled, Aged, etc.) are being reconsidered and accepted as adoptive parents. There have been problems of adopted children being made eligible for some of the benefits these people are receiving.

PROPOSALS MADE TO ALLEVIATE SOME OF THE PROBLEMS OF ADOPTION

Various suggestions have been made by various groups to somehow assist in promoting the adoption of children who have lost the care of their parents. It should be understood that for the most part, these children are "orphans of the living" and not the traditional Dickens-type orphans we usually hear about.

I. Shortage of healthy white children available for adoption - Clearly the solution to this problem is not just to increase the number of such children available for adoption. The solution is to encourage people to adopt the other children who need their care as much, and perhaps even more than the healthy white children.

a. Much has been done by agencies in the past few years to encourage the adoption of minority children. For example, the number of black and minority agencies have increased. This has helped remove the often spoken criticism that the white agencies were unconcerned about the needs of minority children and did not actively recruit parents for these children. In addition to the increasing number of agencies geared toward the adoption of minority children, trans-racial adoptions are becoming more frequent, even though there has been quite a bit of debate (particularly by minority race child welfare workers) on this trend. While most agencies would prefer to place a child for adoption with parents of the same race, there are also many who feel that where this is not possible, the child is better off having loving parents of a different race, than no parents at all.

b. A suggestion which has been made to encourage the adoption of hard-to-place* children is to provide some kind of assistance to adoptive parents who meet all the criteria of adoptive requirements but the financial requirements. At this time there are thirty-six states (including the District of Columbia) which provide adoption subsidies for hard-to-place children. These subsidies (see attached for more specific information on state adoption subsidies) vary from state to state ranging from standard subsidy payments for maintenance to extraordinary medical and surgical expenses. Adoption subsidies, according to many, have been of enormous help in placing many children who probably might not have been otherwise placed for adoption.

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*Hard-to-place children are usually defined as children who are physically or mentally handicapped; minority or bi-racial; older or members of sibling groups, children who would not be adopted without some sort of assistance.

c. Of the 36 states with an adoption subsidy, 18 have statutes which specifically provide for medical expenses for children who are physically or mentally handicapped at the time of adoption. Although this is expensive, the states are aware that by providing for the medical needs of these children so that they can be adopted, they may in fact save money in terms of maintenance costs. In situations where the child and family adopting the child meet the eligibility requirements, some states are trying to get medicaid assistance. This is available only to those families which meet the low income requirements of the legislation. It has been suggested that all physically and mentally handicapped children who are adopted become eligible for medicaid either without regard to the income and resources of the adoptive family, or by using a higher means test for children in these situations than for other children. Recent policy clarification by the Medical Services Administration has, however, overruled both of these practices (see attached Memo directed to this subject).

d. Another possibility which has been mentioned in providing assistance to families adopting a physically or mentally handicapped child is to require private insurance companies to cover an adopted child automatically just as they do with a newborn child, without regard to a previously existing condition. Similarly, a National Health Insurance Program has been suggested as the most comprehensive way to make sure that all these children would receive medical assistance.

e. Numerous child welfare advocates have, over the years, suggested the standardization of adoption laws in the form of a Uniform Adoption Law. Without doubt, this kind of standardization would simplify interstate adoptions, and now more importantly, the subsidies which are available for adoption in some states. Agencies (like Spaulding) which have special programs for the placement of handicapped and hard-to-place children have indicated that problems frequently arise when they recruit adoptive parents from a different state than that of the prospective adoptive child. For example, say a person from Colorado (which has a subsidy program for medical and surgical and other costs) were to adopt a child from Arizona (which has no subsidy program for adoption) that child would not be eligible for a subsidy. It has been suggested that in the absence of some kind of standardization of adoption laws a viable alternative would be a federally matched National Adoption Assistance Program, which would provide assistance and at the same time encourage standardized-adoption regulations.

f. Over the last few years adoption agencies have moved away from the strict requirements about income, health, and age, etc. for adoptive applicants and have concentrated more on their willingness and ability to care for the child. As a result agencies are becoming more interested in benefits available to children as a result of being adopted by various income, health and age groups. For example, it has been suggested that the Social Security

Act be amended to allow a child who is adopted by a person receiving Social Security Disability to also be eligible for those benefits. Currently, in order to receive benefits, the child must have lived with the worker for a year before the worker became disabled, have received at least half of his support from the worker, and be under the age of 18. The rationale for this restriction on benefits for children adopted after a disability is to prevent people from adopting children for the sole purpose of qualifying for increased benefits. It has been suggested that the Social Security Act be amended so as to allow benefits to such adopted children as long as the adoptive parent(s) have been investigated and approved by a licensed adoption agency and the adoption has been decreed by a court of competent jurisdiction, in the United States. It is assumed that a pre-adoptive investigation by an agency would protect a child from being adopted for the sole purpose of increasing someone's disability benefits.

II. Too many children remain in permanent foster care when they could be adopted.

a. It has been suggested that some kind of a mechanism be developed to keep track of children in foster care so that they do not get lost in the system. The inadequacy of information about children in need of foster care and adoption services has frequently been blamed for the small amount of effort and funding available for these activities on the federal level. For example, we do not know how many children in this country are available for adoption. We do not even have any recent information on how many children are adopted each year. (The most recent statistics are for 1972. They were published in February 1975 and only include information on 37 states - 7 of which were incomplete.) Much of this is attributed to the fact that the states are not given any financial incentive to keep track of and report information on these children, as they are with other federally funded programs.

b. Another suggestion which has been made with regard to the problem of keeping track of children in need of adoption services is the establishment of a National Adoption Information Exchange Program. This could serve as a center for information on children available for adoption and applicants looking for an adoptive child. Indications are that there is not currently a great deal of cooperation among adoption agencies. The reasons are not clear for this, but it is certainly true that a common characteristic of most adoption agencies is that they are overloaded with applicants for healthy children and have only mentally or physically handicapped or otherwise unadoptable children available.

c. A suggestion which is already being implemented in a number of states is the making available of numerous children who are what is known as "orphans of the living". These are children who are likely to remain in permanent foster care and whose parents have not released them from custody despite the fact that they are not able and/or willing to care for the children.

d. Other suggestions to encourage adoption. Quite a few bills have been introduced in Congress over the years to grant a tax deduction for the expenses involved in an adoption. They have all been referred to the appropriate committees (Ways and Means and Finance) where there has been no action on them.

Another suggestion related to adoption which has emerged is amending the Immigration and Naturalization laws to make it easier for single persons to bring foreign children into this country. Currently the Immigration and Naturalization Act does not allow single persons to get preference status for children they want to bring into the country for adoption.

Pages 678 through 679 contain copyrighted reprints and are not available for reproduction These include: "New Crackdown on 'Child Buying'", by Curtis J. Sitomer, Christian Science Monitor, Oct. 4, 1974; "Child Adoption: New Federal Policies Needed," by Curtis J. Sitomer, Christian Science Monitor, Jul. 25, 1974

Should Adoptive Parents

by Emmett K. Turner

NO ADOPTION AGENCIES across the country are reexamining their philosophical foundations in order to update their programs and clarify their goals. In the process, the practice of charging fees for adoption services has been questioned.

I believe that there are two possible approaches that may shape adoption programs. One—which I advocate—calls for the abolition of fees to adoptive parents.

This approach is based on the need to provide permanent families for children who have been denied their original families through court action, voluntary release, or death. Programs supporting this approach would, then, view the child as the primary client, working to make every adoption activity they undertook a supportive one for the child. Charging adoptive parents fees for their service to children is inconsistent with this view.

The second approach sees the function of adoption agencies as one of finding children for families who request this service. In such an agency program, the family may be viewed as the primary client and all adoption-related activities are focused upon the delivery of this service, for which families expect to pay a fee.

Finding Children For Families

If we agree with the premise that adoption agencies' primary service is to the family, the justification for fees is easily establishd. Those who wish to add a child to their family have few, if any, qualms about paying fees, so long as they are able. They realize that the agency has expenses related to the adoption process: health care, foster family care, salaries and other office expenses, to name only a few. Since they are asking for a child for their family, they reason that they should pay at least a part of the cost. This is not only justifiable, it makes good business sense.

As a family's dealings with such agencies become more complex, the philosophy of the family as primary client becomes increasingly visible. Messages communicated to the family by the agency either reinforce this conviction or help it to begin a process of modification and change regarding its interest and capacities in adoption. In a family-centered adoption program, there is strong emphasis on family study, social history, physical descriptions, evaluation and matching—culminated by finding "just the right child" for each family. Each one of these elements imposes layer upon layer of implication that adoption exists primarily to serve the family. Finding homes for children is secondary.

However, while the gratifying service of finding children for families takes place, children with special needs wait. Families for these children, in all likelihood, will not be found soon because the types of families to which this kind of program addresses itself do not ordinarily respond to children with special needs and the agency's energies are consumed in child-finding, not family-finding.

The best interest of the child is acclaimed universally as the philosophical foundation for child welfare programs. How, then, do we emphasize service to children who wait in family-centered adoption programs? It is possible to initiate special projects to find permanent families. Families may be known to the agency; there are single individuals who wish to adopt; some families are not so financially sound but might be good parents for the right child; and there are those whose aspirations for achievement may not be so high and whose life-styles may not be considered oustanding.

Any or all of these families may be interested in children who are waiting. After exploring these possible resources there is also the alternative of intensified recruitment through newspaper, television and radio appeals, by enlisting the aid of special-interest groups, civic organizations, churches, and

(Continued on page 20)

Emmett K. Turner is director of adoption services, Michigan Department of Social Services, Lansing, Michigan.

be Charged a Fee?

by Roger W. Toogood

YES EMMETT K. TURNER's basic premise is that all agencies performing adoption services should discontinue fee charging, in order to serve the child as the primary client.

Mr. Turner assumes that there is a direct relationship between the philosophy and practice of agencies and their policy on charging fees. At the same time, he offers no solution to the problem of how adoption services could be financed in this country once fees were eliminated.

The "fee for service" system has been a gradual development in America. At first, many agencies, and adoption services in particular, suggested voluntary contributions. Gradually, guidelines on suggested amounts to contribute were introduced and eventually a fee, or reimbursement for service, was instituted, in accordance with the limitations set down by laws in some states or the actual cost factors as estimated in states without regulatory laws. Today, many voluntary agencies with adoption programs do charge some type of fee for service, with a waiver system for any family that cannot afford the cost. The United Ways, for example, have been urging member agencies to charge for marriage counseling, family life education and other services, including adoption, whenever their clients can be expected to share in the costs of the service. The sound rationale for this position is based on the premise that there will never be enough public or private money for all of the human services that are needed and, thus, whenever possible, fees should be charged to those who can afford them, in order to help support and expand needed programs.

Although much of the adoption philosophy set forth by Mr. Turner is sound, it is misused in an effort to support his position on the charging of fees. There are many agencies across the land that historically have viewed the child as the primary client but which have also charged fees. Objectives and sound administration based on serving children's needs are the major issues here, not fees.

I believe that the charging of fees for services, a process common to the American way of life, is a healthy one. Does a doctor give less adequate service because he charges the family a fee for providing medical care to its child? Or a lawyer who is representing a child, a private nurse who cares for a child, or other professional persons? Should all fees for services to families on behalf of children be eliminated in order to make the child the primary client? I don't think so. It is true that some agencies have ignored the many children who are waiting for loving, adoptive parents while serving the families who have come to them. This circumstance, however, would not be changed automatically once those agencies stopped charging fees and, through some mysterious source, received other financial support for their programs. Putting children first is a matter of establishing priorities and of developing a sensitive awareness of children and their needs. With an enlightened board and staff, and a commitment to serving those who are hurting the most, an agency can serve children first—and still charge a fee.

Some social workers and agencies have felt very uncomfortable about charging fees because they are insecure about the quality of the services provided. The adoption experience should be both an evaluative and educational process, one in which the agency offers skilled counseling service, including preparation for parenthood. Agencies should also help families understand how parenthood is affected by the fact and circumstances of adoption and they should help couples who want to adopt children decide whether rearing a child, or adding one more to their family unit, is really the right plan for them. They also, of course, must help determine the right child for them. Such comprehensive service, which includes help after legal adoption, is worth paying for.

I think that the charging of fees also provides a

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strong psychological benefit to the family. It is the American way to pay for things of value and most people recognize and accept the logic of paying for a service, in this case a highly specialized, sensitive and time-consuming one. In fact, I think the whole adoptive process takes on more positive meaning for both the agency and the family when fees for service are charged. For there is considerable evidence that people value more those things—and services—for which they pay than for those given free.

In asking adoption agencies "to rededicate themselves to the primacy of the child's role in adoption," Mr. Turner sets a goal we can all rally around. Let's do so, however, by reassessing our philosophy, our purposes, our goals, our service, and our administrative policies so that children's needs are given top priority. These are the important factors in our service to children and I believe that fee charging is a valid part of the total service process. ■

NO

(Continued from page 18)

limitless other resources. We may expect that families will not come in large numbers but that there will be some who are prepared to respond to children who are waiting or who can be helped to do so. The waiver of fees is frequently considered for families adopting these children.

There are several lingering problems with this approach which we are inescapably bound to recognize and attempt to resolve. First, while the primary client, the family for whom we are seeking a child, has been served (or is approved and waiting for the right child), there is a growing number of children for whom no one is asking and for whom our family-finding efforts are ordinarily negligible. Second, as already suggested, the disparity between the number of families waiting for children and children waiting for families grows.

Third, while families are being studied and approved, and easy-to-place children are being adopted rapidly, only a fraction of an agency's cost in relation to placing these children is collected through its adoption fees. This means that the program is not only engaged in a deficit venture to serve families for rapidly moving, easy-to-place children but it is, by default, lengthening the stay of children with special needs and thereby increasing agency expenses. Budget-minded administrators, fund-raising bodies and citizens should consider this issue in depth.

Fourth, the myth continues that one must always pay a fee to adopt a child. Few families know how much it will cost because sliding-scales and other flexible fee paying systems are used. Fewer yet know about fee waiving. Many who have heard of it would not be comfortable in suggesting it to an agency and many of those who have concerns or questions regarding fees may find it less complicated or perhaps less embarrassing to stay away from the adoption process completely.

The fifth and perhaps, to the family, the most demeaning problem, is that this type of program suggests, if not promotes, a class system of adoption. In first class are those who come for the service, earn approval and have a child sought for them. In the second class are those who come for the service but because of their "quality" will fare well only if they are able to consider a waiting child. (Accepting seconds, it seems, with the fee sometimes waived.) Proposing a second choice child, accompanied by fee waiver, suggests that for some families and for some children arrangements can be made. This suggests a double standard and is a class system of adoption both by definition and operation.

Providing Families For Children

Adoption programs that consider the child as the primary client, on the other hand, are in a superior position to serve the total child population because their very reason for existence lies in finding permanent families for children in care. This places families in a secondary role—that of resources for waiting children. Families are oriented accordingly and receive adoption services on that basis. As a means of clearly establishing and ensuring the primacy of the child in adoption, I suggest that the goal of all adoption programs be primary service to the child, with the family having secondary status. This goal will be realized only when the traditional family study-evaluation-match approach to adoption is replaced by a study approach that includes study of the adoption process, of the children needing parents, of what adoption means to both family and child, and of the dynamic interaction in adoptive placement. The total focus in this approach is upon finding families for children, and the abolition of adoption fees is consistent, in fact, logical and necessary, to achieve this goal. Failure to abolish fees would be inconsistent with the philosophy of such a child-centered program.

Rather than continue the traditional practice of studying and evaluating families to determine their strengths, weaknesses and capacities so that we may make proper decisions for them, we should assume that nearly all families coming to us possess the capacity to parent some child and that they have the right to participate fully in the decision-making process. Only after extensive information has been shared by the agency and the family can the appropriate child be identified and sound decisions made. During these exchanges the agency should tell the family as much as possible about the adoption process in general and about the capacities, special needs, skills and unique parenting requirements of the children waiting for adoption. While the family is learning about children and adoption, the agency can learn much that is relevant and appropriate about the family's life-style and self concept, as well as its capacities and limitations, likes and dislikes, aspirations and talents. The agency's role here is to provide sufficient information to the family for it to make intelligent decisions concerning itself and the waiting children. At the same time, the agency's ability to assess parenting capacities is enhanced and its position as facilitator in the adoption process is supported.

Through this process, the practice of having the agency act as the primary decision-maker in adoption is replaced by one in which the agency shares its decision–making responsibility with a knowledgeable family. The family decides whether it is able to serve the child, and the agency considers whether to implement the family's decision to proceed with placement. Thus, children are clearly considered first, with the family placed in the role of serving them. This process contraindicates the collection of adoption fees to defray the expenses of services to the family.

To add a further dimension, this concept supports two other proposals: that we must be willing to supplement families' financial resources, through subsidized adoption programs, and that we be willing to purchase family-finding services from other service agencies, when we are unable to provide families for waiting children ourselves.

We must accept the fact that, in the interest of providing families for children, the agency, not the family, may pay fees in adoption. This is philosophically consistent with an approach that places primacy on service to children.

The purchase of resources should not be construed to mean that budgets would necessarily increase. On the contrary, elimination of adoption fees might attract a larger number of potential adoptive families. The agency would then have the opportunity to encourage families to relate to waiting children. The results, hopefully, would be the adoptive placement of many children who, under other approaches, might remain in care for longer periods of time.

Success in providing adoption services to all children who need them is contingent upon agencies' willingness to rededicate themselves to the primacy of the child's role in adoption. This may be achieved only after agencies' roles are clarified and there is public recognition of agency focus on children who wait. The move away from family-focused adoption must be demonstrated and reinforced by the discontinuance of adoption fees.

We in adoption may no longer remain in a fantasy world of family-centered, fee-charging services while so many children remain unplaced. Agencies that choose to focus on the family as primary client while instituting crash programs for children with special needs divide their philosophical approach and deceive themselves into believing that they are able to serve both families seeking children and children awaiting permanent homes. These dual approaches to the delivery of adoption services are incompatible.

We must address ourselves to the problems of children who wait today—in our states, throughout the nation, and across our borders. The primary client *must* be the child who waits. All agency services and activities need to be focused clearly upon the goal of finding families for children, and these efforts must be emphasized by updating adoption practices to reflect this focus. We must overcome the delusion that adoption fees represent sound fiscal theory and practice and that we can charge fees to families while concurrently operating child-centered programs.

The business of adoption is not finding children for families, and it is not fund raising. The business of adoption *is* finding families for waiting children and we should provide the best services we are capable of delivering, using the most imaginative and progressive means available, to achieve this goal.

ADOPTION OF CHILDREN WITH SPECIAL NEEDS:

I. Background Information

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

MAY 13 1975

Honorable Walter F. Mondale
Chairman, Subcommittee on Children and Youth
Senate Committee on Labor and Public Welfare
Washington, D.C. 20510

Dear Senator Mondale:

Thank you for your letter of April 7 requesting information which might be useful to the Subcommittee in its study of adoption and foster care in this country. We hope the following answers to your questions will be helpful. Source material is enclosed wherever available.

1. Estimates of the number of children adopted in the United States in specified years:

Year(s)	Estimates	Source of estimate
1950	76,000	1.A. Trends in Data of Special Interest to the Children's Bureau.
1960	107,000	1.B. Adoptions in 1971. Table 8.
1970	175,000	1.B. Adoptions in 1971. Table 8.
1971	169,000	1.B. Adoptions in 1971. Table 8.
1972	Data not available.	1.C. Adoptions in 1972.
1973-1975	Data not available.	

2. Estimates of children in foster care in the United States in specified years:

Year(s)	Estimates	Source of estimate
1950	Data not available.	
1960	241,900	2.A. Foster Care of Children--Major National Trends and Prospects. Table 1.

2. (continued) Estimates of children in foster care in the United States in specified years:

Year(s)	Estimates	Source of estimate
1970	356,500	2.B. Children Served by Public Welfare Agencies and Voluntary Child Welfare Agencies and Institutions, March 1970. Table 8.
1971	359,896	2.C. Children Served by Public Welfare Agencies and Voluntary Child Welfare Agencies and Institutions, March 1971. Table 8.
1972-1975	Data not available.	

Included in the above estimates are children in foster family care and in child welfare institutions for neglected, dependent, and emotionally disturbed children. See the source material for further information. Note that these estimates are for one day.

3. The estimate of the percentage of adopted children who are placed through agencies:

79% in 1971 - See Table 4 in the publication "Adoptions in 1971," identified among the enclosures as 1.B.

The estimate of the percentage of adopted children who are placed independently:

21% in 1971 - See Table 4, in 1.B.

These estimates relate to children adopted by unrelated petitioners.

4. (a) There is no way of estimating the number of "black market" adoptive placements. From informal reports, it appears that such placements are increasing. Secrecy on the part of the person who places, as well as the persons receiving the child, has made it difficult to obtain statistics. Material pertaining to "black market" activity in adoption is enclosed, identified as 4.(a). This subject is one of great interest to Children's Bureau; see the enclosed Office of Child Development priority statement, identified as 4.(a)(1).

4. (b) Those children placed through "gray market" activities represent children placed independently with unrelated petitioners: 17,400 in 1971. See Table 4, in 1.B., "Adoptions in 1971."

The Community Services Administration, Social and Rehabilitation Service, in the Department, supplied the following information for items 5, 6, and 7:

5. Estimated Expenditures for Foster Care, F.Y. 1975

Program	Estimated Expenditures
Title IV-A, AFDC Social Services	$ 222,000,000
Title IV-B, Child Welfare Services	31,055,000
Title IV-A, AFDC Foster Care Income Maintenance	92,445,000

6. Federal laws containing authorization for activities relating to adoption and foster care:

Title IV-A - AFDC (income maintenance) basic foster care up to $100 a month per child.

Title IV-A Services, until October 1, 1975.

Title IV-B - Child Welfare Services.

Title XIX - Medicaid available to children in foster care and those awaiting adoption if they meet the eligibility criteria.

7. Title XX places the responsibility on the States to determine what social services will be available within each State. The few requirements that States will have to meet for Federal financial participation will not be known until the regulations for Title XX are final.

The law (P.L. 93-647) specifies that services must be directed to at least one of the five goals. Services particularly related to adoption and foster care may be directed at the goals of:

> "(B) achieving or maintaining self-sufficiency, including reduction or prevention of dependency,
>
> "(C) preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families,
>
> "(D) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care" (Sec. 2002. (a) (1).)

Title XX allows services, including adoption services, to be available to anyone without relationship to categorical assistance provided they meet the State's eligibility requirements and provided the State elects to make such services available to eligible persons. Services to prevent or remedy neglect, abuse, or exploitation of children unable to protect their own interests may, if a State elects to do so, be provided without regard to income or welfare status.

Title XX has a specific provision which authorizes payment to foster parents for special services (in addition to basic foster care) provided by a foster family home. Training for such parents is also available under Title XX.

Title IV-B (Child Welfare Services) will not be affected by Title XX.

8. Statistics compiled by U.S. Immigration and Naturalization Service on "Immigrant Orphans Admitted to the United States," June 30, 1961 through June 30, 1974, are enclosed. (Item 8.)

9. Copies of publications on adoption and foster care are enclosed.

10. Items marked 10.A. and 10.B., enclosed are F.Y. 1972, F.Y. 1973, and F.Y. 1974 listings of Research, Demonstration, and Evaluation Studies, Children's Bureau, Office of Child Development, Office of Human Development.

    Item 10.C. is a listing supplied by the Community Services Administration, Social and Rehabilitation Service, of their research on adoption and foster care.

If I can be of further assistance, please do not hesitate to let me know.

Sincerely,

Caspar W Weinberger

Secretary

Enclosures

The Library of Congress
Congressional Research Service
Washington, D.C. 20540

IMPACT OF TITLE XX ON FOSTER CARE AND ADOPTION SERVICES

Brief description of major provisions under Title XX

The new Social Services Amendments (Title XX) effective October 1, 1975, give the states more authority in determining the types of services they wish to offer and the persons to whom they wish to offer them. The new law deletes current requirements that state plans must provide specified services for each child and relative receiving AFDC (except for family planning services). Instead, the states may provide whatever services they may determine to be directed at achieving 5 specific goals. In addition, the new law will expand eligibility for services by increasing the proportion of funds which may be spent on services for non-recipients of cash assistance, and by allowing the states to provide services to families not eligible for cash assistance but who have incomes below 115% of the state's median family income. States must charge fees for services to families with incomes between 80% and 115% of the state's median family income, and may charge fees to families with incomes below 80%, according to regulations of the Secretary of Health, Education, and Welfare.

Foster Care and Adoption Services

1. Goal Oriented

The new provisions of Title XX encourage the states to provide services aimed at five goals. These goals expand the possibilities for providing services to meet the needs of children for more permanent care arrangements. Under the old social services law, eligibility for services was based solely on categorical welfare status, rather than on the individual needs of the child. As a result, the states tended to concentrate most of their child welfare efforts on foster care where eligibility for both services and cash assistance (AFDC-FC) could be more easily established. Proponents of Title XX have expressed the hope that the more flexible provisions of the new Title XX will encourage the states to reduce the current concentration on foster care and instead promote services which will provide a more permanent alternative (e.g. adoption). The requirement that the state submit its intended goals in published form will encourage a more careful planning process to determine the needs of children receiving foster care services. It is also argued that the requirement that the states publish results of servies in achieving the established goals will encourage more careful follow-up and reporting on individual children receiving these services. It is hoped that this will provide more information on the situations of children being served and so reduce the number of them remaining in foster care unnecessarily.

2. Flexibility

As previously mentioned, the Title XX provisions will give the states more leeway in determining the kinds of services they will provide and the persons who will receive them. This may open the door to many persons and services that are not currently receiving federal matching assistance under the social services program. Among these are adoption services. Generally, adoption services have been funded primarily at the state and local level. With the implementation of Title XX, it is hoped that states will include and/or expand adoption services in their state plans. The new law and HEW regulations specifically authorize states to provide certain protective services to children without respect to family income. This may have the effect of encouraging the states to provide more family counselling services and other appropriate services to help the child remain in the home, or where that is not possible, to secure termination of parental rights so that a child can be freed for adoption. The increased flexibility in eligibility will also make it possible for more children (currently ineligible) to receive services. Among these children will be those who have had parental rights terminated and who will, for the first time, be able to receive services in their own right. Title XX appears to give the states encouragement to expand their programs to assist in the placement of children for adoption. This is particularly true for "special needs" children most of whom have formerly been ineligible for Federal social service or foster care payments support. The opening of eligibility for social services to a whole segment of the low and middle income population could also serve to encourage lower and middle income foster parents to adopt their foster children. Under current law a foster child might be eligible for social services, but as soon as the child is adopted, the services are discontinued (unless the adopting family is determined to be a present, past, or potential recipient of public assistance). In many instances the provision of needed services to the foster child might have been one of the primary factors in keeping him or her in foster care. Now, if the states so desire, they will be able to encourage lower income foster parents to adopt their foster children by providing services, not only to the child,

4. Ceiling on Federal funding

The current $2.5 billion ceiling on appropriations for social services is continued in the new Title XX. What this means is that there will be no extension of federal funds available for this program (except for some allocation of unused funds to Puerto Rico, Virgin Islands and Guam). Since many of the states are not spending their full allocation level (see attached chart) this would not appear to greatly constrain their possible utilization or expansion of funds for foster care and adoption services in those states. In fact, with expanded eligibility and services available under the new program, these states will be able to include many of the totally state and locally funded child welfare service programs into their state social service plans and receive federal matching. In this way they would be able, if they wished, to maintain the level of their own expenditures for child welfare services while at the same time increasing the total amount available for such services. It should be mentioned here that the cost benefit to a state for utilizing social services matching under Title XX could have the effect of virtually wiping out state and local funding for child welfare programs which are not income-related (e.g. programs for families earning more than 115% of the state median income). This is also likely to affect much of the state and local funding currently being directed toward children receiving Child Welfare services under Title IV B (a non-income related program). There are two reasons for this: (1.) Many of these children, ineligible under the current soical services program, will be eligible for the same services under the new Title XX program, and (2.) The federal matching and allotment levels for services under Title XX are far more generous than those available for the Title IV B Child Welfare Services program.

(Appropriations for Title IV B Child Welfare services are currently limited to $50 million.)

In those states which are receiving funding at the full allocation level it may be more difficult to expand their programs. However, it is hoped that with the expansion of allowable services they will be encouraged to spend their funds more effectively. More effective spending could include increased concentration on services to return a child to his home or provide adoption placement as an alternative to unnecessary foster care services.

Jean Yavis Jones
Education and Public Welfare
 Division
July 10, 1975

SOURCES:

Child Welfare League of America, How to use title XX to promote permanence for children and youth.

CFR, Title 45 - Public Welfare, Chapter II Social and Rehabilitation Service, Dept. of HEW, Part 228 Social Services Programs for Individuals and Families: Title XX of the Social Security Act

Library of Congress. Congressional Research Service Social Services Eligibility. Issue Brief Number IB 74126. Update 6/12/75. Vee W. Burke

Title 20 Allotments by State

This table shows each State's Federal social services allotment for FY 1975 and FY 1976 (see page 7). It also shows how much of its 1975 allotment each State is expected to use. All amounts are in millions.

STATE	FY 1976 ALLOTMENTS	FY 1975 ALLOTMENTS	EST. FY 1975 USE*
Alabama	$ 42.25	$ 42.14	$ 24.88
Alaska	4.00	3.90	3.90
Arizona	24.50	23.35	3.40
Arkansas	24.25	23.75	7.57
California	245.50	245.73	245.73
Colorado	29.00	28.30	28.30
Connecticut	36.75	37.00	37.00
Delaware	6.75	6.78	5.12
District of Col.	9.00	8.98	8.98
Florida	91.50	87.15	87.15
Georgia	57.00	56.67	41.41
Hawaii	10.00	9.71	8.61
Idaho	9.25	9.08	9.08
Illinois	133.75	135.08	110.92
Indiana	63.25	63.52	5.53
Iowa	34.50	34.61	23.54
Kansas	27.25	27.11	13.28
Kentucky	39.75	39.61	26.87
Louisiana	44.75	44.66	23.03
Maine	12.25	12.35	9.41
Maryland	48.50	48.69	34.12
Massachusetts	69.25	69.48	50.30
Michigan	$107.75	$109.04	$ 85.95
Minnesota	46.50	46.77	46.77
Mississippi	27.25	27.17	5.57
Missouri	56.75	57.06	21.64
Montana	8.50	8.63	4.19
Nebraska	18.25	18.31	16.74
Nevada	6.50	6.33	2.77
New Hampshire	9.50	9.26	6.87
New Jersey	87.75	88.45	62.44
New Mexico	13.25	12.79	9.34
New York	217.50	220.50	220.50
North Carolina	62.75	62.60	28.93
North Dakota	7.50	7.59	4.03
Ohio	127.75	129.46	51.37
Oklahoma	31.75	31.62	21.24
Oregon	26.50	26.20	26.20
Pennsylvania	141.75	143.18	112.20
Rhode Island	11.50	11.62	10.28
South Carolina	32.50	32.00	16.41
South Dakota	8.25	8.15	3.39
Tennessee	49.25	48.39	22.24
Texas	140.50	139.86	126.80
Utah	13.75	13.52	6.62
Vermont	5.50	5.55	4.39
Virginia	57.25	57.19	27.20
Washington	40.75	41.33	41.33
West Virginia	21.50	21.38	13.94
Wisconsin	54.50	54.26	44.97
Wyoming	4.25	4.14	2.00

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*Based on April 15, 1975 estimates.

Citizen's handbook - Social Services '75

LIST OF 35 STATES WHICH PROVIDE SUBSIDIES FOR ADOPTION
(As of August 1974)

Alaska
California
Colorado
Connecticut
Delaware
Georgia
Idaho
Indiana
Illinois
Iowa
Kansas
Kentucky
Maryland
Massachusetts
Michigan
Minnesota
Missouri
Montana
Nebraska
Nevada
New Jersey
New York
North Dakota
Ohio
Oregon
Rhode Island
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
Washington, D.C.
Wisconsin

Jean Yavis Jones
Education and Public Welfare Division
August 6, 1974

Model State $ubsidized Adoption Act and Regulations

Foreword

The history of adoption practices in this country has generally reflected our assumption that each child is the total responsibility of his or her parents. In the course of typical adoptions of healthy white infants, there has been little reason to re-examine this notion --that is, until recently. Now we face an increasing number of children with special needs who are available for adoption but for whom we are unable to find adoptive homes. These are the children with physical, mental, or emotional handicaps, children of various minority groups, older children, and sibling groups. As an unintended but very real consequence of our assumption, hundreds of children are relegated to institutional care or the uncertainties of foster family care at substantial cost to the States and at immeasurable but immense human cost to the children.

In recognition of these unfortunate circumstances, the relatively new idea of subsidized adoption has developed as a way to help qualified families assume permanent responsibility for these special children. Subsidized adoption provides reimbursement after a child has been placed for adoption, according to a prior agreement between the adoptive parent(s) and the social agency. Such an agreement is tailored to the child's needs, and may allow for a specific medical, legal, or other cost; a monthly reimbursement for a limited time; a monthly reimbursement for an indefinite period.

The Model State Subsidized Adoption Act and the accompanying Model Regulations contained herein are intended to contribute to the achievement of a most important goal of the Children's Bureau in the Office of Child Development, within the Office of Human Development: the improvement of the quality of services to those children requiring care away from their families. The development of these models was undertaken by Sanford N. Katz, Professor of Law, Boston College Law School, as project director of an OCD/CB grant to the Child Welfare League of America.

Over 1,500 people were involved in the preparation of these documents. Ad hoc working committees met to consider the many issues, including representatives of States, the Child Welfare League of America, the American Academy of Pediatrics, the National Conference of Commissioners on Uniform State Laws, the National Association for the Advancement of Colored People, the National Urban League, the National Bar Association, the American Bar Association, the National Council of Juvenile Court Judges, the Black Child Development Institute, adoptive parents, as well as Indian, Puerto Rican, and Black citizens and representatives of other minority groups. The models contained herein, however, do not necessarily represent consensus among these individuals.

Stanley B. Thomas, Jr.

Stanley B. Thomas, Jr.
Assistant Secretary for
Human Development
Department of Health, Education, and Welfare

MODEL STATE SUBSIDIZED ADOPTION ACT

An act to establish a permanent program authorizing public subsidies which will make it possible for children in special circumstances to be adopted.

Section 1. [Purpose.] The purpose of this Act is to supplement the [State] adoption statutes by making possible through public financial subsidy the most appropriate adoption of each child certified by the [Department of Social Services] as requiring a subsidy to assure adoption.

Comments

The Model State Subsidized Adoption Act must be read in conjunction with the Model Regulations. Together they constitute an indivisible unit. The Regulations amplify and particularize the provisions of the Act.

The aim of the Act is to establish within the [Department of Social Services] a permanent adoption subsidy program for children certified by the [Department of Social Services] as eligible for subsidy. It is not intended as a substitute for existing adoption programs but as an addition. Its scope is broad enough to include children under the care of either public or licensed private agencies.

Section 2. [Definition of "child."] As used in this Act, except as otherwise required by the context, "child" means a minor as defined by [State] statute, who is (a) a dependent of a public or voluntary licensed child-placing agency, (b) legally free for adoption, and (c) in special circumstances either (1) because he has established significant emotional ties with prospective adoptive parents[1] while in their care as a foster child, or (2) because he is not likely to be adopted by reason of one or more conditions, such as:

---

[1] As used in this Act and Comments, "parents" represents either one or two parents.

1. Physical or mental disability,
2. Emotional disturbance,
3. Recognized high risk of physical or mental disease,
4. Age,
5. Sibling relationship,
6. Racial or ethnic factors, or
7. Any combination of these conditions.

Comments

To come within the Act, the child to be subsidized (defined as a minor by /State/ law) must be under the legal jurisdiction of a public or voluntary licensed agency and legally free for adoption. The Act enumerates the special circumstances in which the child must be situated in order to be eligible for subsidy certification. He must be either: (1) presently in the care of a foster family with whom he has developed and maintained a plainly evidenced positive emotional bond and who seek to adopt him; or (2) he must be difficult to place in a permanent adoptive home because of one or more of the conditions listed above in the Section.

The list of conditions describes the eligible child as:

1. Under a physical or mental disability. For example, he is suffering from some disease or illness or has been born with such physical or mental defects as to make ordinary or non-subsidized adoptive homes unavailable for him. Or,

2. Suffering from an emotional disturbance, the cause of which is irrelevant. Or,

3. Known to be in a category of high risk of either physical or mental disease. For instance, if it is known that the child has suffered some injury at birth which may manifest itself later in some form of disability, this would constitute a recognized high risk of physical disability. Or if at placement the child is known to be suffering from a physical disease carrying a mental or emotional component which has not yet appeared, the child would be included in a high risk category. Although this category is intended to give wide latitude to decision-makers, "recognized high risk" is limited to disease or disability and does not include social, environmental or status factors. Because a child is born out of wedlock, for example, does not make him a high risk child in spite of the social stigma that attaches to this status. Or,

4. Difficult to place because of age. A specific age is not stated because of widely varying conditions in different areas of the country. Whether his age is three or seven is irrelevant so long as it is a facter in the child's not being placed in an ordinary adoptive home. Or,

5. Difficult to place because of sibling relationship, i.e., fraternal membership in a family group. It is now considered sound casework practice to try to place siblings together. Or,

6. Difficult to place because of racial or ethnic factors. These factors are also left general because they depend on geographic area and social climate. Racially mixed infants, for instance, were once difficult to place in any home; at the present time they are desirable. A similar change has occurred with Indian children. At one time it was felt necessary to initiate specific programs to attract adoptive parents for these children. They are now sought after by non-Indian adoptive applicants, but many Indian tribes no longer allow such placements. Or,

7. Difficult to place through any combination of the above. This category is meant to point up that a "condition" may not be exclusive of another condition.

Section 3. [Administration and Funding.] The [Department of Social Services] shall establish and administer an ongoing program of subsidized adoption. Subsidies and services for children under this program shall be provided out of funds appropriated to the [Department of Social Services] for the maintenance of children in foster care or made available to it from other sources.

Comments

This section empowers the appropriate [State] department to devise an adoption subsidy program. By "ongoing" is meant a regular and continuous program in contrast to a pilot or a time-limited project.

Funding for subsidized adoption is to be provided through State monies allocated to the appropriate department. Since the subsidized adoption program is designed to be a part of existing child welfare services, rather than a special category, it should be given the same standing as regular adoption and foster care.

Where the appropriate department can obtain funding from voluntary or other public sources for the adoption subsidy program, these sources should be utilized.

Section 4. [Eligibility.] Whenever significant emotional ties have been established between a child and his foster parents, and the foster parents seek to adopt the child, the child shall be certified as eligible for a subsidy conditioned upon his adoption under applicable [State] adoption procedures by the foster parents.

In all other cases, after reasonable efforts have been made and no appropriate adoptive family without the use of subsidy has been found for a child, the [Department of Social Services] shall certify the child as eligible for a subsidy in the event of adoption.

If the child is the dependent of a voluntary licensed child-placing agency, that agency shall present to the [Department of Social Services] (1) evidence of significant emotional ties between the child and his foster parents or (2) evidence of inability to place the child for adoption due to any of the conditions specified in Section 2 of this Act. In the latter case, the agency shall present evidence that reasonable efforts have been made to place the child without subsidy, such as recruitment of potential parents, use of adoption resource exchanges, and referral to appropriate specialized adoption agencies.

Comments

The Act recognizes that most beneficiaries of existing subsidy programs are children who have been adopted by their foster parents. Under the Act such a child, when he is legally free for adoption and under the jurisdiction of a public or licensed voluntary agency, shall be certified for a subsidy when the foster parents seek to adopt him, there is clear evidence of a significant emotional bond between them and the child, and a home study has shown that the foster parents are suitable adoptive parents. In such circumstances the foster parents are assumed to be the most appropriate adoptive parents, and there is no necessity for searching out other possible adoptive families for this child.

The philosophy of the text is that the needs of the child provide the basis for the subsidy. Therefore the financial ability of the family to meet the child's needs is not a condition for certification for the subsidy.

When persons other than the foster parents seek to adopt the child, before certifying the child for a subsidy, agencies must make reasonable efforts to secure adoptive parents without subsidizing the child. For example, the agency record might indicate on what dates and for how long the child was placed on adoption resource exchanges, when contacts were made with specialized adoption agencies, and what recruitments without subsidy for the child were attempted among potential adoptive parents.

Section 5. [Subsidy Agreement.] When parents are found and approved for adoption of a child certified as eligible for subsidy, and before the final decree of adoption is issued, there must be a written agreement between the family entering into the subsidized adoption and the [Department of Social Services.] Adoption subsidies in individual cases may commence with the adoption placement or at the appropriate time after the adoption decree, and will vary with the needs of the child as well as the availability of other resources to meet the child's needs. The subsidy may be for special services only, or for money payments, and either for a limited period, or for a long term, or for any combination of the foregoing. The amount of the time-limited or long-term subsidy may in no case exceed that which would be allowable from time to time for such child under foster family care, or, in the case of a special service, the reasonable fee for the service rendered.

When subsidies are for more than one year, the adoptive parents shall present an annual sworn certification that the adopted child remains under their care and that the condition(s) that caused the child to be certified continue(s) to exist. The subsidy agreement shall be continued in accordance with its terms but only as long as the adopted child is the legal dependent of the adoptive parents and the child's condition continues, except that, in the absence of other appropriate resources provided by law and in accordance with [State] regulations, it may be continued after the adopted child reaches majority. Termination or modification of the subsidy agreement may be requested by the adoptive parents at any time.

A child who is a resident of this [State] when eligibility for subsidy is certified shall remain eligible and receive subsidy, if necessary for adoption, regardless of the domicile or residence of the adopting parents at the time of application for adoption, placement, legal decree of adoption or thereafter.

All records regarding subsidized adoption shall be confidential and may be disclosed only in accordance with the [relevant provisions of the State adoption act.]

Comments

The written contract for subsidy is to be negotiated prior to the actual adoption placement and becomes effective either at the time of placement or after the adoption decree has been issued. A subsidy that commences with the placement may be for special services like those referred to in the Regulations.

The Regulations define and describe time-limited and long-term subsidies. The reference to the ceiling of the subsidy to accord with foster family allowances is based on current practice. One of the features of the adoption subsidy program is to provide children in foster care with permanent adoptive homes at no more cost to the State than foster care.

Under the text, the adoptive parents have the responsibility for certifying to the /Department of Social Services/ that the subsidized child remains in their care. The adoptive parents are the initiating parties in certification. They are not asked to disclose their financial situation.

Some conditions, e.g., physical or mental disability, may be alleviated in time and no longer exist. Other conditions, e.g., ethnic factors, age, or emotional ties with his adoptive parents, necessarily continue unchanged. The subsidy will not be continued after the condition ends.

No fixed age has been set for terminating the subsidy, although in the great majority of cases the age of majority should be determinative. Flexibility is necessary to allow children to complete schooling, for example, before the subsidy is cut off. Also, since some children under the program will need special care, treatment and services for an indeterminate period, the termination of the subsidy at the age of majority would work a hardship for them.

Since the subsidy is designed to provide a child in special circumstances with a permanent adoptive home, the fact that the child has been adopted out of State or that the adoptive family moves out of the State should not affect the continuity of the subsidy.

Records in the subsidized adoption program should be maintained with the same confidentiality as other adoption records. The privacy of parents and children under the program should be afforded the same respect as in other adoptions.

Section 6. [Appeals.] Any subsidy decision by the [Department of Social Services] which the placement agency or the adoptive parents deem adverse to the child shall be reviewable according to the provisions of the [State administrative procedure.]

Section 7. [Promulgation of Regulations.] The [Department of Social Services] shall promulgate Regulations consistent with this Act within [________________] days of its enactment.

Section 8. [Short Title.] This Act should be known and may be cited as the [State] Subsidized Adoption Act.

Section 9. [Effective Date.] This Act shall take effect on [________________.]

MODEL REGULATIONS
FOR
STATE SUBSIDIZED ADOPTION ACT

DEFINITION AND SCOPE

Subsidized adoption is an ongoing program within the [Department of Social Services] intended to make adoption possible for children who otherwise may not be adopted. It is designed as a supplement to the [State] adoption statutes and as an effective addition to regular recruitment efforts. It is meant to provide the benefits of family security, love and nurture for children in special circumstances, presently under the care of public or voluntary licensed agencies. These special circumstances may be (a) the establishment of significant emotional ties between the child and his foster parents or (b) the difficulty of adoption because of the child's condition as cited in Section 2 of the Act. The subsidized adoption program is funded through and administered by the [Department of Social Services.]

The child may be subsidized for special services only, or for money payments, and either for a limited period, or for a long term, or for any combination of the foregoing. The time-limited or long-term subsidy may not exceed the amount allowable from time to time for a child in a foster family or, for a special service, the customary fee for such service. The duration of a long-term subsidy may extend until the adoptive parents' legal responsibility ceases or in particular cases after the child reaches majority if other appropriate provisions are absent and if [State] regulations are satisfied.

A. AGREEMENT

Where a subsidy is to be provided, a written agreement for subsidy between the [Department of Social Services] and the prospective adoptive parents, with clearly delineated terms, must precede the adoption decree. The provision should be explained verbally to the prospective adoptive parents who, after a period for study and consultation, shall sign the agreement jointly with the [Department of Social Services.] The parents will retain one copy, and the other strictly confidential copy should be kept in the files of the [Department of Social Services.] The agreement must include the date for the commencement of the subsidy, which will be either at the time of the adoptive placement or after the adoption decree, depending on the needs of the child. The adoptive parents may request termination or modification of the subsidy agreement at any time.

B. TYPES OF SUBSIDY

1. Special Service Subsidy is limited to the time span of the necessary service. It may be a one-time payment for an anticipated expense when there is no other resource. It may include, among other costs:

(a) Legal and court costs of adoption.

(b) Other costs incidental to adoptive placement, e.g., preplacement visits

(c) Special medical costs: In the case of a child with a known medical condition which will require treatment or surgery after placement for adoption or after the adoption decree, investigation must be made of the adopting family's medical insurance and of other public and voluntary community services (such as Crippled Children's Services and Medicaid) to determine whether the costs of the treatment and related costs can be covered. by one or more of them. Where costs for treatment and related expenses cannot be covered or can be only partially covered by insurance and by other community services, the subsidy agreement shall provide for the necessary funds for the treatment required after adoptive placement or after the adoption decree. If, because of genetic background or other medical history, there is a recognized high risk that physical or mental disease may later develop, the agreement shall include provision of funds, if not otherwise available, for treatment of such disease.

(d) Costs of other special services such as physio-, psycho-, or occupational therapy, remedial education, rehabilitation training, extraordinary corrective dental treatment, speech and hearing therapy, wheel chairs, braces, crutches, prostheses, day care, transportation, and any other expenses related to the care and treatment of the child under this and paragraph (c).

2. Time-Limited Subsidy is a periodic payment for a specified time span after adoptive placement or after the legal completion of the adoption. It is designed to help with the expenses of integrating the child into the family or to provide needed funds for a specified length of time.

3. Long-Term Subsidy is designed for children who cannot be adopted unless their long-term financial needs are met by subsidy. The periodic payments may continue until the child reaches majority or, in particular cases, beyond the child's majority if other appropriate resources are absent and if [State] regulations are met.

C. AMOUNT OF SUBSIDY

1. Time-Limited and Long-Term Subsidies: Neither time-limited nor long-term money payment subsidies may exceed the rate as established by the [Department of Social Services] for care in foster family homes. The money payment subsidies shall be automatically adjusted whenever foster family care rates are changed.

2. Special Service Subsidies: Reimbursement or prepayment for special services will be limited to the reasonable fee customary in the community where such services are rendered.

D. SPECIAL CONSIDERATIONS

1. Before a child is certified for subsidy, resources for adoptive placement without subsidy should be explored, including recruitment of adoptive parents, registration for a reasonable period on local, State and national adoption resource exchanges, and referral to appropriate specialized adoption agencies. Registration with the exchanges is unnecessary when:

(a) The current foster family or other qualified person(s), including relatives with whom the child has been living and with whom he has established significant emotional ties have expressed interest in adopting the child, or

(b) It can be demonstrated that such resources are unlikely to result in an adoption without subsidy and their use would cause unreasonable delay in placement for adoption.

2. If the child has or may have eligibility for Indian benefits, it may be necessary to negotiate special terms with the United States Bureau of Indian Affairs or the relevant tribal court.

E. ELIGIBILITY FOR AND CONTINUITY OF SUBSIDY

1. The [Department of Social Services] shall establish forms and procedures for initial certification of eligibility and for periodic certification of the child's continued need for subsidy in accordance with Section 2 of the Act.

2. The means of periodic certification will be a sworn statement by the adoptive parents submitted to the [Department of Social Services] that the child is presently in their custody and that the condition(s) that caused the child to be certified continue(s) to exist.

(a) Upon sworn certification by the parents, the agreement shall be automatically renewed.

(b) As long as the need for subsidy is certified, the subsidy shall be continued while the child is the legal dependent of the adoptive parents, or even in certain instances after the child reaches majority if other appropriate provisions are unavailable and when [State] regulations are met.

(c) If the parents certify that the child's circumstances have changed, the agreement may be modified to allow for increase, reduction or termination while the child is in the adoptive parents' custody.

(d) A child who is a resident of [this State] when certified by the [Department of Social Services] as eligible for subsidy shall remain eligible and receive a subsidy regardless of the domicile or residence of the adopting parents at the time of their approval for adoption, placement, or legal decree of adoption (whichever applies) and thereafter.

F. SUBSIDY FOR A CHILD UNDER THE CARE OF A LICENSED VOLUNTARY AGENCY

A child under the care of a licensed voluntary agency must meet the same requirements for subsidy as those in the care of a public agency. The licensed voluntary agency must refer the case to the [Department of Social Services] for certification of eligibility for a subsidy. After the referral the voluntary agency will continue its supervisory responsibility for the child and the family until after the adoption decree has been issued. If after reviewing the circumstances of the case, the [Department of Social Services] approves a subsidy plan, it will draft and sign jointly with the adoptive parents an agreement for the necessary special services and funding. The [Department of Social Services] will be the administrator of the subsidy agreement according to its regulations and the terms of the Act.

G. TRAINING

In addition to other appropriate handbook material, the [Department of Social Services] will set up a continuing subsidized adoption training program for staffs of both public and private agencies. The program will include the purposes and procedures of the subsidized adoption program and the methods for recruiting adoptive applicants. In conjunction with adoptive parents of children with physical, mental or emotional problems, the [Department of Social Services] will prepare a voluntary educational program for the children's care and nurture as well as their future needs.

H. APPEALS PROVISION

The [Department of Social Services] shall develop procedures for appeals that are in accordance with the State's administrative procedures law and are also consistent with the appeals provision of the Act.

HV 741 U.S. B 75-125 ED

SUBSIDIZED ADOPTION

JEAN YAVIS JONES
Education and Public Welfare Division

May 13, 1975

TABLE OF CONTENTS

Page

Foreword

I. STATE ACTIVITY

- A. Discussion.. 1
- B. State Adoption Subsidy Laws.................................... 3
- C. Summaries of Selected State Reports on Subsidized Adoption...... 15

II. FEDERAL ACTIVITY

- A. Discussion.. 23
- B. Draft of MODEL STATE SUBSIDIZED ADOPTION ACT.................... 25
- C. Draft of MODEL GUIDELINES FOR STATE SUBSIDIZED ADOPTION ACT..... 27

Foreword

The subject of adoption has taken on a particular added interest now that increasing numbers of persons wishing to adopt have been frustrated in that wish because of the shortage of available, healthy, and for the most part, white infants. This shortage of so-called "adoptable" babies and the ever-growing number of children remaining in permanent foster care has resulted in special efforts by the States and by adoption agencies to encourage the adoption of so-called unadoptable, or hard-to-place children.

The following portions of this report provide information on the subject of adoption subsidies and State adoption subsidy laws, as well as a discussion of several State reports and surveys on these programs.

The last section of this report discusses the current Federal assistance available for adoption and proposals which have been made to increase that assistance.

I. STATE ACTIVITY

A. Discussion

On the State level, one of the major efforts with regard to adoption has been directed toward recruiting families to adopt hard-to-place children by way of a subsidy.

As of this writing, thirty-five States and the District of Columbia have passed legislation providing assistance to parents who are willing to adopt a child who is physically or mentally handicapped, emotionally disturbed, a member of a minority or mixed race, an older child or a member of a sibling group, or otherwise hard to place.

The types of subsidies which are provided vary from State to State. Six States appear to provide only maintenance payments (Alaska, Maryland, Minnesota, Utah, Washington, and Wisconsin) while eleven States (Colorado, Michigan, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Oregon, South Dakota and Tennessee) provide maintenance payments, adoption fees, medical, surgical, and related expenses, as well as training and education needs of the adopted child. The State of Rhode Island does not actually provide a subsidy for adoption, but provides for the cost of placement fees involved in an adoption of a handicapped or hard-to-place child.

The Children's Bureau of the Department of Health, Education, and Welfare estimates that there are as many as 120,000 children in this country waiting to be adopted and that most of them are in some way handicapped or otherwise hard-to-place.

On the face of it, adoption subsidies sound like an additional public expense. However, the theory behind this type of approach is that even with subsidized adoptions, the value to the State in both social and monetary savings is enormous. (For further information on cost savings, see discussions of several State surveys located in another part of this report.) While it is difficult to assess the social value, the monetary saving for the adoption of a hard-to-place child can be measured by the cost absorbed by the State if the child is not adopted. For example, the Division of Vulnerable Children (Children's Bureau) estimates that the average cost of caring for a child in a residential institution is between $20.00 and $30.00 a day, or between $7,000 to $10,000 per year. In one of the reports on the State surveys included in this report, it was estimated that by providing a subsidy for the adoption of a three-year-old child who might otherwise have remained in an institution for the retarded, the State was saving (even with the subsidy) $7320.00 a year. In fact, it was estimated that the total savings which would result from the adoption of that one child would be $131,760 for the period up until the child reached age 21.

It is fairly obvious from the statutes that were passed providing for adoption subsidies that most of the States had no intention of creating an expensive new program. In fact, all but nine of the States providing subsidies set a limit on the amount which could be paid, and that limit is required to be less than or not more than the foster care payments. (See the following section for information on State statutes.)

B. State Adoption Subsidy Laws

STATE ADOPTION SUBSIDIES

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
ALASKA	General Adoption Act, Sec. 20.15.130 (Effective Aug. 8, 1974)	Child must "differ markedly from peers because of a physical or mental defect". Must be in foster care for not less than 1 year	Money payment only for needs of child	Available based on evaluation until the child reaches majority	Amount left to the discretion of the Commissioner, but may not be more than foster care payments	Department of Health & Social Services	
CALIFORNIA	West's Annotated California Codes-Welfare & Institutions Code, Chapter 2.1	Child must be hard-to-place (disadvantaged, handicapped or age 3 or over)	Maintenance payments and waiver of adoption fees	Generally a 3 year limit. Additional 2 years if continuing need is shown	Based on financial need. Payments may not exceed foster care payments	Department of Social Services	Make information available to prospective adoptive parents and assist in adoption
COLORADO	Session Laws of Colorado-1st Reg. Session, 1973-Chapter 341 p.1227, Article 15 of Chapter 119-Colorado Revised Statutes	Child must be legally available for adoption. Reasonable efforts to place child without subsidy must have been made. The child must be one of special needs* Adoptive parents must be able to care for all non-financial needs of child. Child must be in custody of Department.	May include (but not limited to) maintenance costs, medical & surgical expenses and other costs incidental to the adoption, care training and education of the child	Termination of payments after the child's 18th birthday or if need no longer exists	Based on financial need. Payments may not exceed foster care payments. Annual determination of need	Department of Social Services	Payments may continue even if adoptive parents and child leave the State

*Definition of Special Needs - A child with a special, unusual or significant physical or mental handicap, or emotional disturbance, or such other condition which acts as a serious barrier to adoption.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
CONNECTICUT	Connecticut General Statutes, Annot. Title 17 Sec. 44	Child must be ward of welfare commissioner and must be a child who is hard-to-place because of a race, a physical or mental handicap, or age or member of a sibling group. Adopting family must be able to provide for all non-financial needs of child	Special need subsidy - a lump sum payment paid to person providing the required service (e.g. surgical) to handle the expense resulting from adoption when no other source is available - Periodic subsidy - based on financial need of adoptive parents to care for child	Subsidy may be continued according to need of adopted parents until the child is 18 years old. Annual review of need	Subsidy may not exceed 75% of current costs for foster care	State Welfare Commissioner	
DELAWARE	Senate Bill No. 191 1971 Laws of Delaware	Child must be hard-to-place (i.e. physical or mental handicaps) and have been referred to an adoption resource exchange service without success. Also available for children who are being adopted by their foster parents. Based on need	Maintenance payment (or boarding subsidy) Legal fees	To age 18 or until completion of high school if over 18. Annual review of family income to determine need	May not be more than the cost of foster care	State Division of Social Services	
DISTRICT OF COLUMBIA	D.C. Subsidized Adoption Act. P.L. 93-241 (Includes regulations proposed by D.H.R. to operate program)	Child must have "special needs" - disabled, or because of race, religion, etc. Adoptive parents must meet all needs of child other than financial	Long term maintenance payments. Short term subsidy for special needs or for adoption fees. Assistance for medical costs	Long term maintenance 'til child reaches age 18 or if there is no longer need - determined by annual review	Costs may not be greater than if the child was in foster care	Department of Human Resources	Regulations for program being negotiated at current time. Issue - Income test recommended by D.H.R. regulations

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
GEORGIA	Code of Georgia - Title 99, Sec. 211, 1973	Child must be hard-to-place* and would have remained in foster care at State expense	Maintenance subsidy to provide for financial needs of the child and special services (i.e. medical care) not otherwise available to child	No age limit mentioned in law. Subsidy is based on financial need of family and is subject to termination based on annual review of need	Subsidy may not exceed 75% of amount paid for boarding a child (foster care)	State Dept. of Family and Children Services	
IDAHO	Idaho Session Laws, Regular 1974 Chapters 33-325, Chapter 61 (HB.461)	Child must be hard-to-place** and adoptive family must have need	Financial aid for maintenance and extraordinary medical expenses attributable to the disability of the child at time of adoption	Financial aid for maintenance not to exceed 3 years. Additional aid may be granted after a review for a period of 2 years if there is a continuing need. No limit applied to extraordinary medical expenses	Financial aid may not be more than the amount which would be paid if a child were in foster care	State Dept. of Social and Rehabilitation Services	Information must be disseminated as to the availability of hard-to-place children for adoption
ILLINOIS	Illinois Annot. Statutes, Title 23, Sec. 5005(4)	Child must be physically or mentally handicapped, older or otherwise hard-to-place. Subsidy based on need of child.	Subsidy for maintenance of child. Also, special purpose grants are permitted where a child requires special services	Not listed in Statute	Maintenance subsidy must be less than the monthly cost of care of a child in foster care. Special services costs must not exceed cost of similar services provided by the Department	Dept. of Children and Family Services	
INDIANA	Burns Indiana Statutes, Annotated Sec. 31-3-3-1	Child must be hard-to-place*** Subsidy based on need	Subsidy for maintenance of child and medical, surgical hospital and related costs due to condition of child which existed prior to adoption	Continued until lack of need is shown, or until the child reaches 18 years of age. Adoptive parents must file a sworn statement at least once a year as to financial condition and condition of child	Amount may not exceed 75% of the monthly cost for foster care	State Dept. of Public Welfare	

*Physical, mental or emotional handicaps or with other problems which make it difficult to find a permanent adoptive home.
**Defined as difficult to place because of ethnic background, race, color, mixed parentage, age, sibling grouping, physical, mental, emotional or medical handicap.
***Defined as disadvantaged because of ethnic background, race, color, language, physical, mental, or medical handicaps, age, or sibling group membership.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
IOWA	Iowa Code, Annot. 600.11, 627.19	Child must be hard-to-place* Adoptive parents must be capable of handling all needs of child but financial. Child must be under prior guardianship of State, county or licensed child placing agency	Subsidy for maintenance of child and financial assistance for special services	Continued until no longer needed or beyond child's 21st birthday	Maintenance assistance may not exceed the amount spent by the Dept. on foster care Costs of special services are not available when such services are available free of cost (Eg. Medical Insurance)	Dept. of Social Services	
KANSAS	Kansas Statutes Annot. (1972 Cumulative Packet Supplement) 38-319, et. seq.	Child must be hard-to-place** in adoptive home and must have resided in a foster home or child care institution (or is eligible for such care). Parents must be suitable as adoptive parents, but lack financial means to fully care for the child	Lump sum payments for special services or adoptive support for maintenance of child	Payments may continue until there is no need or upon the adoptive child reaches age 18	Payments may not exceed the usual cost to the Dept. for foster care and medical services	State Dept. of Social Welfare	Court may waive the court costs and other related costs for adoption
KENTUCKY	Kentucky Revised Statutes, Annot. 199.555	Child must be hard-to-place*** and committed to Dept. of Child Welfare (from which consent must be given). Adoptive parents must have been receiving funds as foster parents	Maintenance payments and extraordinary medical costs	Not listed in Statute	Payments may not exceed the amount of foster care payments	State Dept. of Social Welfare	

*Defined as physically or mentally handicapped, older or otherwise hard-to-place.
**Defined as hard-to-place because of age, racial or ethnic background, mental, emotional or physical handicap, membership in a sibling group.
***Because of physical handicap, mental condition, or age.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
MARYLAND	No specific statute - Amendment to Article 16, Sec. 67 Rules - Employment and Social Services	Child must be one who is difficult to place and must be free for adoption. Parents must meet all requirements for adoption except for financial. Subsidy based on fiancial need determined by a sliding scale on income and size of family, etc.	Monthly payment for a specified period or until majority	Payments may be for a specified period of time, or until child reaches majority. Annual re-evaluation of need	Payments may not exceed 75% of foster care rate	Local Social Services Dept.	Special medical care for the adopted child is available through an arrangement with the Dept. of Health
MASSACHUSTTS	Chapter 119 of General Laws - Sec. 963	For hard-to-place or multi-handicapped children. Family must be low-income family, but otherwise meet all the adoption requirements	Monthly payment - for board, clothing and other needs of child. Medical subsidy Note: Not all children are on full subsidy. Based on needs of the child	Subsidy terminated - when child reaches 18, or if there is no longer need, determined by an annual evaluation of the family	May not exceed the amount paid by the State for foster care board and clothing or medical	Division of Family and Children's Services (in the process of becoming Division of Social Services)	
MICHIGAN	Michigan Compiled Laws 710.13 a	Child must have been in foster care for not less than 4 mos. and must be hard-to-place*	Support payment and medical, surgical, hospital and related expenses due to physical or mental handicap (preexisting adoption)	Continued until child reaches age 19. Annual report on location and other matters relating to child must be filed, but not on financial condition of family	Support payment may not exceed $600.00 per year	State Dept. of Social Services	
MINNESOTA	Minnesota Statutes, Annot. 393.07 subd. 1a	Child must be under State guardianship, not readily adoptable for physical or other reasons, and must have resided as a foster child in the home of adoptive parents for at least six months	Allotments based on the needs of the child and the financial resources of the adoptive parents	No cut-off age in law, but may be terminated if there is no need	No limit in law but, county can get reimbursement for up to 1/2 of the funds available for foster care	County Welfare Boards	Adoption expenses up to $1250 are tax deductible

*No family was willing and able or qualified (financially) to adopt the child without subsidies.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
MISSOURI	Annot. Missouri Statutes 453.073	Child must be considered unadoptable* and have been in foster care. Based on need of child and financial circumstances of adoptive family	Maintenance subsidy and costs of medical care for child	Continuous based on need. Must submit information on family assets and expenses for care of child for each preceding year by March 30. Failure will result in termination of subsidy	Subsidy may not exceed the expenses of foster care and medical care for foster children	Juvenile Court is authorized to subsidize. Paid in same manner and from same funds as foster care funds	May continue to receive funds if family moves out of State, but must submit annual report (as mentioned under Duration of Subsidy). In addition, law provides for special preference for a foster parent in adoption 453.070
MONTANA	Revised Code of Montana Chapter 18, 17-1801 et seq.	Child must be difficult to place.** Agency must have exhausted all possible attempts to place. Child must be a ward of the State Dept. of Social and Rehabilitative Services	Maintenance subsidy and special purpose assistance	Not listed in Statute	Assistance may not be more than similar amounts paid for foster care assistance	State Dept. of Social and Rehabilitative Services	County must reimburse State for 1/2 of assistance provided
NEBRASKA	Revised Statutes of Nebraska 43-117 et. seq.	Must be a child for whom adoption would not have been possible without financial assistance. Child must be a ward of Dept. of Public Welfare	Maintenance costs, medical and surgical expenses and other costs incidental to the care of the child	Maintenance payments and medical care terminates on or before child's 19th birthday	Not listed in Statute	Dept. of Public Welfare	
NEVADA	Nevada Revised Statutes 127.186	Child must have special needs***and must be in custody of Dept. of Human Resources	Maintenance costs or for costs relating to pre-existing physical or mental conditions of the child	Assistance is stopped when child reaches majority, become self-supporting or dies	Grant may not exceed $10,000 annually	Welfare division of Dept. of Human Resources	

*Physical handicaps, mental retardation, minority race, and member of ethnic group for whom adoptive home are not readily available.
**Disadvantaged because of ethnic background, race, color, language; physical, mental or emotional handicaps; 3 yrs. of age or older; member of a sibling group.
***Due to race, age, physical or mental problems and otherwise difficult to place in a home where parents would be able to bear full maintenance costs.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
NEW JERSEY	New Jersey Statutes Annot. 30: 4C-45 et. seq.	Child must be hard-to-place.* Adoptive family must meet all qualifications except for financial. Needs of child must be beyond the economic ability of the adoptive family	Maintenance costs, medical and surgical expenses and other costs incidental to care, training and education of child	Termination of maintenance assistance after child reaches 18 yrs. or if no need. Annual redetermination of need	Costs may not exceed 80% of cost of providing comparable assistance in foster care	Bureau of Children's Services (or Successor, Division of Youth and Family Services)	Adoption Resource Exchange set up in Bureau of Children's Services or its successor - the Division of Youth and Family Services
NEW YORK	Code Rules & Regulations of the State of New York - 18 Social Services, 450.10 (Social Security Law, Sec. 398(6)(k)	Based on need of adoptive parents. Limitation on gross income according to family size - as follows: Family size — Gross Income Limit 2 — 7,512 3 — 10,675 4 — 13,179 5 — 15.551 6 — 18,187 Income limit may be waived in cases of a subsidy to cover costs of special illness, handicap or disability	Payments for medical, surgical, psychiatric and other special costs services and devises for illness, handicap or disability	Annual review of need	May not exceed agency daily per diem rate for foster care	New York State Dept. of Social Services	

*As a result of a physical or mental condition, race, age, membership of sibling group.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
NORTH DAKOTA	North Dakota Century Code Title 50-09-01 Subs. 6 Subd. C	Includes in definition of "dependent child" (for Aid to Dependent Children) - any needy child under age 21 who is living in an adoptive home and would in all probability remain unadopted except for the accepted adopted family which does not have economic ability to meet financial needs of adopting the child	Legal fees for adoption. Maintenance costs, medical and dental expenses and other costs incidental to care of child	Child must be under age 21	Need determined according to guidelines of public welfare board	Public Welfare Board - board must reimburse the State for 1/4 the cost	
OHIO	Pages's Ohio Revised Code, Annot.	Child must be difficult to place.* Adoptive family must meet all qualifications except for financial and needs of the child must be beyond the capability of the family	Maintenance costs, medical surgical and psychiatric expenses and other costs incidental to the care of the child	Child must be under 21. Annual redetermination of need	Not listed in Statute	County Children's Board	
OREGON	Oregon Revised Statutes 418: 330-340	Child must have special needs because of physical or mental condition, race, age, membership in sibling group. The adoptive parent must meet all other criteria than financial and the needs of the child must be beyond the economic means of the family	Maintenance costs, medical and surgical expenses and other costs incidental to the care, training and education of the child	Terminated after the child becomes 18	May not exceed the costs of providing comparable care for children in foster care	Children's Services Division	

*Defined as difficult to place because of member of sibling group, of age, race, physical handicap, mental or emotional condition, or other characteristics and would in all likelihood remain a ward of State without assistance.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
RHODE ISLAND	General Laws of Rhode Island (Vol. 3A) 15-7-25	Handicapped or hard-to-place children	Reimbursement to adoptive parents in matters of placement	Not listed in Statute, but appears to be a lump sum payment for adoption expenses	Disbursed in accordance with Department guidelines	Department of Social and Rehabilitative Services	
SOUTH CAROLINA	Legislation authorizes Medical Subsidy Act R 1085. Not yet operative	To be directed toward physically and mentally handicapped or disabled children	Short term or long term medical care	Not yet determined	Not yet determined	Child and Family Services	This program is still in planning stage
SOUTH DAKOTA	South Dakota Compiled Laws Annot. 28-7-3.1 et. seq.	Child with special needs who would otherwise go without adoption	Maintenance payments, medical and surgical expenses and other costs incidental to care of child	Termination of payments upon 21st birthday of the child	Not listed in Statute	Requires approval of Director of Service Administration Rules set by Board of Social Services	
TENNESSEE	Tennessee Code, Annot. 14-105(o)	Child must have special needs*	Maintenance and medical, surgical, psychiatric and other special services	Established by rules and regulations of Dept. of Public Welfare	Maintenance payments may not exceed the monthly cost of foster. Special service costs may not exceed the amount the Dept. would pay	Dept. of Public Welfare	
TEXAS	Vernon's Texas Civil Statutes Article 46 6-2	Child must be difficult to place**	Financial assistance to adoptive family based on need. Adoption fee may be waived	Assistance limit of 3 years. If there is continuing need, payment may be extended 2 more years	Assistance may not be more than foster care payment	State Dept. of Public Welfare	Information and assistance in adopting difficult to place children made available
UTAH	Utah Code, Annot. Title 55 8(3)	Child must be a legal ward of the State and physically or mentally handicapped, older or otherwise hard-to-place	Financial support	Not listed in Statute	May not exceed the amount the State would have to pay for similar services if the child was still a legal ward	Board of Family Services in Dept. of Social Services	

*Defined as difficult to place because of physical handicap, mental or emotional condition or other serious impediments to adoption.

**Because of ethnic background, race, color, physical or mental or emotional or medical handicap or member of a sibling group.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
VERMONT	Vermont Statutes, Annot. 33, Sec 2801 and 12, Sec. [illegible]	Child must have been in foster care home for at least 2 years and be adopted by foster parents and must be at least 4 yrs. old or, child must have special need (e.g. extreme disability) which would prevent adoption without a subsidy. Subsidy based on family income	Monthly payment or availability of medicaid depending on case-by-case arrangement	Payment is available until child reaches 18, depending on annual re-application of parents	May not exceed 75% of foster care allotment	Dept. of Social and Rehabilitation Services	
VIRGINIA	Code of Virginia 63.1-238.1 et. seq.	Child must have special needs.* Adoptive parents must meet all normal qualifications except for financial	Maintenance subsidy. Special need subsidy for special services, not covered by insurance or other (would include medical, surgical and dental expenses, etc.) This special need subsidy is paid directly to vendor. Payment of fee for home study and placement	Maintenance subsidy subject to annual reviewal of need and terminates when child is age 21	Maintenance subsidy may not exceed cost of foster care	Local County Welfare Dept.	

*Defined as a child with a handicap to placement by reason of physical, mental or emotional condition, race, age, or sibling membership.

STATE	CITATION	ELIGIBILITY	TYPE OF SUBSIDY	DURATION OF SUBSIDY	LIMITATION ON SUBSIDY	ADMINISTERING OFFICE	OTHER
WASHINGTON	Revised Code Washington, Annot. 26.32.115	Must be hard-to-place child who is residing or eligible to reside in a foster home or child caring institution. Based on need - size of family, living expenses, family income, resources and plans for savings, etc. Adoptive parents must meet all the qualifications but financial	Lump sum payment or continuing payments	Adoption support may not go on after child's 21st birthday unless there is continued dependency	Not listed in Statute	Dept. of Social and Health Services	Funds are derived from an Adoption Support account which is built up from all the fees paid for adoption services
WISCONSIN	West's Wisconsin Statutes, Annot. 48.48(12)	Subsidy must be necessary to assure the adoption of a child	Payments to assist in care of a child after a legal adoption, by agreement with the department	Not listed in Statute	Amount may not exceed that which is given for foster home care	Dept. of Public Welfare	

Joan Yavis Jones
Education and Public Welfare Division
November 20, 1974

C. Summaries of Selected State Reports on Subsidized Adoption

1. Survey of Several States that have Subsidized Adoption Programs* (Statistics include years up to August 1, 1974 except for New York which has no statistics available for 1974)

The six States in this survey were Connecticut, Illinois, Iowa, New Jersey, New York and Vermont. The first of these States to begin adoption subsidies was New York (in January 1969). Although there were no figures for 1974, New York showed up to that year a total of 1,484 children legally adopted and receiving subsidies. An estimated 90% of the adoptive parents of these children were foster parents. Illinois, which began its program in April 1971, recorded 662 adopted children receiving subsidies and 635 of the adoptive parents had been foster parents. New Jersey, which began its program in July 1973, reported 86 adopted children receiving subsidies, while Connecticut, which began its program in January of 1973, reported 62 adopted children receiving subsidies. Both of these States reported almost all of the adoptive parents to have been foster parents. Iowa recorded a total of 82 adopted children receiving subsidies since April 1972 when they began their program. Seventy-seven of the adoptive parents had been foster parents. In Vermont all 28 of the adopted children recorded as receiving subsidies were adopted by foster parents. In fact, Vermont's subsidy law only allows subsidies for the adoption of children who have been in foster care for at least 2 years and are adopted by their foster parents. It is evident from these reports that most of the people adopting children who are receiving subsidies are foster parents. For years, persons involved in the field of adoption have indicated that many of the foster parents caring for children would like to adopt those children but in many cases were unable to afford the total loss of the foster care reimbursement.

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*SOURCE: Children's Bureau, DHEW, January 1975.

This appears to have been borne out by the high number of foster parents adopting their foster children under the adoption subsidy programs in these States. It also tends to lend credibility to the statement that adoption subsidies are of value in providing adoptive placement of children who would otherwise not have been adopted and allow many lower-income foster parents to adopt their own foster children.

As has already been mentioned, the types of subsidies which the States provide vary and these five States are indicative of this although all five require that the amount of subsidy be less than that required for foster care. In New York, it was reported that out of the total 1,484 receiving subsidies, 1,197 were receiving maintenance subsidies only while 52 were receiving only medical subsidies and 235 were receiving both maintenance and medical subsidies. Illinois provided 532 maintenance subsidies only while 36 received medical subsidies only; 76 received only a legal subsidy and 18 received both maintenance and medical subsidies. In Iowa, 65 out of the total 82 receiving subsidies received both maintenance and medical subsidies while 10 received medical only; 3 received legal only, and 4 received maintenance only. Interestingly, when one relates the statistics provided for type of payments to the characteristics of the children adopted, there is not a clear correlation. For example, in Connecticut where there were a reported 19 adopted children with either a physical handicap, mentally retarded, emotionally disturbed or with multiple handicaps, there were also 19 children receiving both maintenance and medical assistance. However, in Illinois, which has 237 children with these same handicaps, only 18 children were receiving both maintenance and medical subsidies and only 36 were receiving a medical subsidy alone. This means that in Illinois, at least 283 children with physical, mental, or emotional handicaps received no medical subsidy at all.

With regard to the age, race and sex of the children adopted and receiving subsidies several observations can be made. In the breakdown by sex there is an almost even distribution of male and female children in each of the States. With respect to age, the largest proportion of the children adopted were over age 6 in every State. In the past, children over six were considered "over-the-hill" with regard to their prospects of being adopted. In New York and New Jersey the number of black children adopted under the program was significantly higher than the number of white children. However, in Connecticut, Vermont, Iowa and Illinois, more white than black children were adopted, although in the case of Illinois, the distribution was almost equal.

The following are tables derived from the Children's Bureau in their Survey of Several States that have Subsidized Adoption Programs.

CHILDREN RECEIVING SUBSIDIES, ADOPTIVE PARENTS AND TYPES OF SUBSIDIES

STATES	Children Legally Adopted Receiving Subsidies	Number of Parents Who Were Foster Parents	TYPES OF SUBSIDIES			
			Maintenance Only	Medical Only	Legal Only	Maintenance and Medical
Connecticut	62	57	35	8	N.A.	19
Illinois	662	635	532	36	76	18
Iowa	82	77	4	10	3	65
New Jersey	86	72	60	5	8	13
New York	1484	90% est.	1197	52	N.A.	235
Vermont	28	28	N.A.	1	N.A.	27

TYPES OF SUBSIDIES AND CHILDREN WITH HANDICAPS

STATES	HANDICAPS				Medical Subsidy	Maintenance and Medical	Maintenance only	Legal Only	Total Children Receiving
	*PH	MR	ED	MH					
Connecticut	12	2	3	2	8	19	35	NA	62
Illinois	146	16	24	51	36	18	532	76	662
Iowa	19	4	11	12	10	65	4	3	82
New Jersey	U**	U	U	U	5	13	60	8	86
New York	U	U	U	U	52	235	1197	NA	1484
Vermont	NA	NA	NA	NA	1	27	NA	NA	28

*PH - Physically Handicapped
MR - Mentally Retarded
ED - Emotionally Disturbed
MH - Multiple Handicaps

**U - Unknown

STATES	RACE			SEX		AGE		
	Black	White	Other	Male	Female	Under 2	2-6	Over 6
Connecticut	12	37	13	30	32	0	18	44
Illinois	440	442	32	494	420	54	304	556
Iowa	15	63	4	40	42	5	14	63
New Jersey	45	28	13	U	U	2	15	69
New York	815	591	U	714	729	Und. 4 490	5-8 599	Over 9 359
Vermont	0	28	0	13	15	0	7	21

Figures for these charts are taken from figures provided by the DHEW survey of several States that have Subsidized Adoption Programs.

2. State Surveys[1]

(A) California

In 1973 the number of legally adopted children receiving subsidized adoptions was 1,258. Although the costs for individual types of subsidies were not broken down, the average total cost of providing adoption subsidies per child, per month was $92.00. Comparing this to the average monthly foster family care cost California reported that the foster family care cost was $42.85 more per child (or $134.85 per month per child). By removing the 1,258 children from foster care by way of a subsidized adoption a savings of $53,905 a month resulted. The annual savings was $646,860.

(B) Connecticut

In 1973 Connecticut reported the average cost of adoption subsidies per child per month to be $85.11. The average foster family care cost was $180.79 per month. Thus there was a saving of $95.68 per child per month. Based on their full year total of 53 children receiving adoption subsidies this resulted in a saving of $60,852 ($5,071 per month) in 1973.

(C) Illinois (1970 Report)*

This report was based on a total of 45 applications for subsidized adoption which had been approved by March 20, 1970. The State projected an anticipated savings of $292,512 as the adopted children grow to maturity. The figure was computed at 1970 dollar rates by subtracting the total anticipated costs of subsidies until the children reach eighteen from the higher boarding rate total which the State would have had to assume had the children not been adopted. It was also indicated that those extra costs like payment of a onetime medical or dental bill were deducted in arriving at the projected savings. Not included, however, is the administrative costs which will be saved because supervision will no longer be needed for the adopted children. In Illinois all 45 of the children approved for subsidized adoption were being adopted by their foster parents. The ratio of black and white children was about equal (20 black and 22 white) and there were two racially mixed children and an American Indian child adopted. An added benefit asserted by the State is the more effective utilization of the time of child welfare workers. It is hoped that with this extra time, workers will be able to spend more time providing preventive services to hold families together, thereby reducing the need for foster care and adoption services.

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[1] SOURCE: Children's Bureau, DHEW.

*This is not the same survey as the six-State survey cited earlier in this report.

A subsidized Adoption Data Report, dated March 27, 1975 indicates that as of that date there were a total of 1,229 approved subsidies in the State of Illinois. The racial breakdown remained approximately the same between black and white children (593 and 578). The number of children aged six and over adopted or approved for a subsidy outnumbered those under age six by almost two to one. 316 or about 25% of the children had a physical, mental or emotional handicap. An interesting addition to this report was the fact that 152 of the children approved for adoption subsidies in Illinois were adopted by single parents.

(D) Iowa

At the time of this report* to the Iowa General Assembly on December 31, 1972, the Iowa Department of Social Services indicated that only ten subsidized adoptions had taken place [at that time], although twenty applications were being processed. Because of the small number of children placed at that time, it was indicated that it was too early to provide a cost benefit analysis. Several examples of projected savings for individual cases were provided. All ten of the children were adopted by their foster parents. Two families which had adopted handicapped children expected to be able to assume full support of those children within three years, which was estimated to result in an eventual savings of $30,000 by the time the two children grew up. Another family which had adopted an older child was receiving an adoption subsidy of approximately one-half the foster care payment. The saving was estimated to be approximately $5,700 for the following eight-year period. One of the children adopted was a three-year old who had suffered brain damage from cardiac arrest at birth. The child had been diagnosed as retarded and has poor motor development. According to the report, that child, if not adopted, would have had to have been placed in an institution for the retarded. At the agency in which she would have been placed, the 1972 rates were $23.34 a day or approximately $8,400 per year. The family which adopted the child receives $1,080 per year, which adds up to an annual saving of $7,320 per year or $131,760 for the period up until the child reached the age of twenty-one.

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*This is not the same survey as the six-State survey cited earlier in this report.

(E) Michigan

In a letter to the Probate Judges and Child Placement Agencies on the subject of adoption subsidies, the Chief Administrator of Social Services provides information on cost savings. During the first six months of 1974, there were 130 children in subsidized adoptions. The expenditure for health-related subsidies during that period was $4,322, while the expenditure for support subsidies for that period was $59,369. This was a total of $63,692 for all types of adoption subsidies for the first six months of 1974. During that period, the foster care board and care cost was $6.31 per day, or $1,154 per child for the entire 6-month period. Had these 130 children in subsidized adoptions remained in foster care, the foster care cost would have been $150,114. The saving (i.e., difference between the foster care cost and the subsidized adoption cost) which resulted from subsidized adoptions was $86,422 during the first six months of 1974; a 57% savings over what foster care would have cost.

(F) Minnesota

As of June 30, 1974 fifty-six (56) children were receiving adoption subsidies. Most of these children were approved for medical subsidy only (33); 8 were approved for long term maintenance and 6 for time-limited maintenance. Thirty-one of the children were adopted by foster parents. Most of the children adopted were white (37) and over the age of six (42). The distribution by sex was almost equal (27 males and 30 females). Forty-one of the children had some kind of handicap, the largest in this group being those with multiple handicaps. No information was provided in this report on expenditures.

(G) Ohio

Ohio Department of Public Welfare issued a cost benefit report of assistance to adoptive parents for the period November 1, 1971 through October 31, 1973. This report indicated that during that period, expenditures of $17,645 had been made for 22 families for adoption subsidies for 36 children. According to the report, agencies would have paid $38,192 had the same number of children receiving adoptive subsidy remained in foster care. This resulted in a savings of $20,547.

II. FEDERAL ACTIVITY (94TH CONGRESS)

A. Discussion

Currently, relatively little money is provided on the Federal level for adoption services. Funds are available under Title IV-B and the new Title XX (effective October 1, 1975) of the Social Security Act, however, there is not much utilization of these funds by the States for the purposes of adoption services. To a very great extent, this is because in both of these programs funding is limited, and adoption programs have not, traditionally, had any particular priority. This has been true on both the State and Federal level. Under Title IV B Child Welfare Services, the entire amount of federal funding has been limited at an amount between $46 and $50 million for the last several years. This amount reflects only a small part of the total amount which is expended for this program. For example, in FY 1972 $532 million was expended in Federal, State, and local funds for programs under Child Welfare Services. The Federal share was $46 million, or 8.6% of the total.* Of the $532 million expended for Child Welfare Services in 1972, only $10 million was expended for adoptions.

Under the old Social Services program (Title IV A, new Title XX) in 1972 only $55 million out of $1.7 billion of total expenditures went for adoptions. While it is true that the recently passed Social Services Amendments will give more latitude to the States in determining who will be eligible to receive Social Services (and could therefore provide a mechanism of increased assistance for adoption) those States which are already spending over their allotment level are not likely to be encouraged to alter their adoption programs significantly. In addition, and even more significant is the fact that an increased number of other interest groups will be competing for these funds. The traditional low priority given to child welfare services, in general, (and adoption services, in particular), will continue to make it difficult for increased funding to go in those directions.

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*Source for these figures - "Cost Analysis of Social Services, FY 1972," for DHEW by Toucke Ross and Co.

Federal monies for adoption services have also been provided indirectly through Title IV B grants for training in the field of child welfare for social workers.

On the Federal level, current proposals in the area of adoption have been directed toward encouraging adoptions by way of providing a tax deduction for the expenses involved; changing immigration laws to make it easier for people to adopt foreign children (a way of increasing the supply of children available for adoption), and more recently, by providing grants for adoption assistance and services. This latter proposal is included in a bill which was introduced by Mr. Eilberg of Pennsylvania (H.R. 2658) on February 4, 1975 entitled the "Opportunities for Adoption Act." The bill was introduced as an amendment to the Public Health Service Act and has been referred to the Committee on Interstate and Foreign Commerce in the House. A similar bill was introduced by Senator Alan Cranston (and co-sponsored by Senators Mondale, Williams, Randolph, and Laxalt) on April 29, 1975, and was referred to the Committee on Labor and Public Welfare. This bill (S. 1592) would add a provision specifically authorizing financial assistance to assist agencies in locating children in need of adoption services and freeing them for adoption. In addition, a new clause would add a coordinating function to the duty of the Director of the National Office or Adoption Information and Services. Among other things, both of these Opportunities for Adoption Acts (i.e., H.R. 2658 and S. 1593) would provide for grants to the States for adoption assistance and services. These grants could be used for defraying the post-placement and post-adoption costs of supporting children with special needs, i.e., adoption subsidies for hard-to-place children.

B. MODEL STATE SUBSIDIZED ADOPTION ACT*

An act to establish a program to authorize public subsidies making it possible for children in special circumstances to be adopted.

Purpose: The purpose of this Act is to make possible through public subsidy the most appropriate adoption of each child under public or private agency guardianship or care and legally free for adoption, who otherwise, because of special circumstances, may not be adopted.

Definition: As used in this Act the term "child" means a minor as defined by State law, who is legally free for adoption but who otherwise may not be adopted because of such special circumstances as:

1. Physical or mental disability,
2. Emotional disturbance,
3. Recognized high risk of physical or mental disease,
4. Age,
5. Sibling relationship,
6. Racial or ethnic factors, or
7. Any combination of these special circumstances.

Administration and Funding: The [Department of Public Welfare] shall establish and administer an ongoing program of subsidized adoption. Subsidies and services for children under this program shall be provided out of funds appropriated to the department or made available to it from other sources.

Eligibility: Foster parents interested in adopting a child in their home, or any other persons interested in adopting a child under public or private agency care, may apply to the [Department of Public Welfare] to have the adoption of the child subsidized. All persons approved for the program as adoptive parents must meet adoption agency standards except for the financial ability to support the child.

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*Draft from DHEW, Children's Bureau.

Subsidy Agreement: There must be a written agreement between the family entering into subsidized adoption and the [Department of Public Welfare] before the final decree of adoption is issued. Adoption subsidies in individual cases may commence with the adoption placement or at the appropriate time after the adoption decree, and will vary with the needs due to the special circumstances of the adopted child as well as the availability of other resources. The subsidy may continue so long as the needs of the child exist and the child is the legal dependent of the adoptive parent(s) or even, in the absence of other appropriate provisions, after the child reaches majority. The subsidy may be for special services only, or for money payments, and either for a limited period, or for a long term, or for any combination of the foregoing. The amount of the time-limited or long-term subsidy may in no case exceed that allowable under foster family care or, in the case of a special service, the reasonable fee for the service rendered. In case of subsidies that continue for more than one year there shall be a periodic review by the [Department of Public Welfare] of the need for continuing or adjusting the subsidy. If the adopting family moves from this jurisdiction the child, if otherwise eligible, shall continue to be subsidized by the [Department of Public Welfare]. All records regarding subsidized adoption shall be confidential and may be disclosed only in accordance with [the relevant provisions of the State adoption act].

Appeals: An order denying, reducing, or terminating a subsidy shall be reviewable according to the provisions of the [State administrative procedure].

Promulgation of regulations: The [Department of Public Welfare] shall promulgate regulations consistent with this Act within [____] days of its enactment.

Short Title: This act may be cited as the Adoption Subsidy Act.

Effective Date: This act shall take effect on ________________.

C. MODEL GUIDELINES FOR STATE SUBSIDIZED ADOPTION ACT*

Definition and scope: Subsidized adoption is an ongoing program within the [Department of Public Welfare] intended to make adoption possible for children who otherwise may not be adopted. It is designed as an effective addition to regular recruitment efforts, and is meant to provide children in special circumstances, presently under the care of public or approved private agencies, with the benefits of family security, love and nurture. It is funded through and administered by the [Department of Public Welfare]. Depending on the needs of the child because of the special circumstances and the situation of the prospective adoptive family, the subsidy may be for one or more of the following: a special service; money payment; a limited period; or a long term. In case of a long-term subsidy, the duration may extend until adoptive parent's responsibility ceases or even, in the absence of other appropriate provisions, after the child reaches the age of majority.

A. Agreement

A written agreement for subsidy between the [Department of Public Welfare] and the prospective adoptive parents, with clearly delineated terms, must precede the adoption decree. The provisions should be explained verbally to the parents, and after they have had an opportunity for study and consultation, both the prospective adoptive parents and the [Department of Public Welfare] should sign the agreement. One copy should be given to the parents for their records and one copy should be kept in the files of the [Department of Public Welfare] under strict confidentiality.

Depending on the needs of the child the subsidy may commence at the time of the adoptive placement or after the adoption decree.

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*Draft from DHEW, Children's Bureau.

If the circumstances of the child or the adoptive family change materially, the original agreement may be reviewed and may be superseded by a new agreement.

B. Types of Subsidy

1. Special Service Subsidy is limited to the time span of the necessary service. It may be a one-time payment for an anticipated expense when there is no other resource. It may include, among others:

(a) Legal and court costs of adoption.

(b) Other costs incidental to adoptive placement, e.g., pre-placement visits.

(c) Special medical costs: In the case of a child with a known medical condition which will require treatment or surgery after placement for adoption or after the adoption decree, investigation must be made of the adopting family's medical insurance and of other public and voluntary community services (such as Crippled Children's Services and Medicaid) to determine whether the costs of the treatment and related costs can be covered by one or more of them. Where costs for treatment and related expenses cannot be covered or can be only partially covered by the other community services, the subsidy agreement shall provide for the necessary funds for the treatment required after adoption placement or after the adoption decree. If, because of genetic background or other medical history, there is a recognized risk that physical or mental disease may later develop, the agreement shall include provision of funds, if not otherwise available, for treatment of such disease. The agreement must be reviewed periodically where continuing treatments are required and until the special needs of the child cease to exist.

(d) Costs of other special services such as physio-, phycho-, or occupational therapy, remedial education, rehabilitation training, extraordinary corrective dental treatment, speech and hearing therapy, wheel chairs, braces, crutches, prostheses, day care, and transportation.

2. Time Limited Subsidy is a periodic payment for a specified time span after adoptive placement or after the legal completion of the adoption. It is designed to help with the expenses of integrating the child into the family or to provide needed funds for a specified length of time.

3. Long-Term Subsidy is designed for children adopted by families with presently and predictively limited incomes. The periodic payment may be reviewed and may continue until the adoptive parent's responsibility ceases or, in the absence of other appropriate provisions, beyond the child's attainment of majority.

C. Amount of Subsidy

1. Time-Limited and Long-Term Subsidies: Neither time-limited nor long-term money payment subsidies may exceed the rate as established by the [Department of Public Welfare] for care in foster family homes.

2. Special Service Subsidies will be limited to the reasonable fee for such service as determined by pertinent State or local authorities.

D. Criteria for Subsidized Adoption

1. The adoption must be based on a sound social work plan serving the best interests of the child and the family.

2. The family must meet all agency standards for adoption but will require a subsidy to assume a complete care of the child.

E. Special Considerations

1. Foster parents or relatives with whom the child has been living should be considered as adoptive parents if a meaningful relationship has been established and if they have expressed interest in adopting the child.

2. Before a subsidy is considered other resources for adoptive placement should be explored, including the local area and simultaneous registration for a reasonable period on both the State Adoption Resource Exchange and the Adoption Resource Exchange of North America (ARENA). Registration with these exchanges is unnecessary when the current foster family, or other qualified person(s) already acquainted with the child, are available as adoptive parents, or when an unreasonable delay in placement will occur.

3. If the child has or may have eligibility for Indian benefits, it may be necessary to negotiate special terms with the Bureau of Indian Affairs or the relevant tribal court.

F. Continuity of Subsidy

1. The [Department] shall set up procedures for periodic review of the continued need and amount of the subsidy.

(a) Review may be through an agency questionnaire mailed to the adoptive parents. The questionnaire should seek a disclosure of present financial needs of the child and the resources available to provide for those needs.

(b) The periodic review may result in a continuation of the subsidy at the same level, or a reduction, or an increase, or termination, depending on financial circumstances and needs.

2. If the adoptive family moves out of the county, State or country, the [Department] shall retain responsibility for continuing the subsidy as needed.

G. Subsidy for a Child Under the Care of an Approved or Licensed Private Agency

A child under the care of an approved or licensed private agency must meet the same requirements for subsidy as those of a public agency. The approved or licensed private agency must refer the case to the [Department] for consideration of a subsidy. After the referral the private agency will continue its supervisory responsibility for the child and the family until after the adoption decree. If after reviewing the circumstances of the case, the [Department] approves a subsidy plan, it will draft and sign jointly with the adoptive parents an agreement for the necessary special services and funding. The [Department] will be the administrator of the subsidy agreement according to its own regulations and the terms of the Act.

ADOPTION SUBSIDY

What is subsidized adoption?

Subsidized adoption is a fully state funded ongoing program of the Michigan Department of Social Services intended to make adoption possible for children who otherwise would not be adopted. Subsidized adoption can take two forms in Michigan: A maintenance subsidy or a medical subsidy.

- Maintenance subsidy:
  Through a maintenance subsidy, an adoptive family can be provided funds for support of their adopted child up to as much as the appropriate foster care rate. This subsidy would be available until the child reaches 18 years.

- Medical subsidy:
  Medical costs can be covered for an adopted child through this program in cases where the condition or its cause preceded the adoption.

Use of the subsidy.

The subsidy program exists as a means of providing a permanent family for a child who otherwise might not have one. Subsidy focuses upon the child needing a family and not upon the resources of the family. Families adopting children available for subsidized placement are offering service both to a waiting child and to the agency with the child in care. Therefore, Michigan sets no income requirements on families receiving an adoption subsidy.

What children may qualify for a subsidy?

Subsidy may apply to all Michigan youngsters for whom adoption might otherwise not be possible. In particular, those youngsters would include:

- Large sibling groups placed together.

- Handicapped youngsters.

- Older youngsters.

- Minority children.

- Children to be placed with their foster parents.

Use of subsidy should be extended to all situations where the best interests of the child will be served. Along with what may be considered the more ordinary placements, relative and foster family placement are considered as acceptable and within the provisions for adoption subsidy.

How is the adoption subsidy provided?

The court will order a medical or maintenance subsidy at the time the court issues the order terminating agency rights. The court should provide the adoptive family with a copy of the subsidy order.

How is health related subsidy provided?

This is handled in a variety of ways depending upon the circumstances and preferences of the court. Some courts prefer that medical bilings be made direct to the court while others request adoptive families to pay expenses and furnish receipts to the court for payment. In either case, the Michigan Department of Social Services will provide total reimbursement to the county child care fund for their expenses.

Why is adoption subsidy desirable?

It is cost effective:

During the first six months of 1974 there were 130 subsidized adoptions. Expenditures for health related subsidies had been reported by 18 courts in the amount of $4,322.74. During the same time a total of $59,369.93 was expended for support subsidies by 36 courts. These two figures combined represent a cost of $63,692.67.

If these children had remained in foster care, $150,115 would have been the cost.

130 children x 183 days = 23,790 child care days

23,790 child care days x $6.31 per diem - $150,115.00

$63,693.00 = cost of subsidy for 130 children

$150,115.00 projected cost - $63,693.00 actual cost = $86,422.00 savings

$86,422.00 represents a 57% savings over what foster care would have cost

Ursula M. Gallagher
Children's Bureau
Office of Child Development, HEW

November 18, 1971

What Is Adoption Service?

Adoption is another service that substitutes for parental care when it is impossible for a child to remain permanently with his own parents. It is the method provided by law of assuring to children, who for some reason cannot be cared for by their biological parents, the security of a home in which they may be brought up under the same mutual rights and obligations as those existing between children and their biological parents. Adoption establishes the legal relationship of parent and child between persons who are not so related.

Excerpt from April 21, 1969 material submitted to the Executive Office of the President.

Ursula M. Gallagher
Children's Bureau
Office of Child Development, HEW

November 18, 1971

Good adoption services offer protection to the biological parents, the adoptive parents, and the child. In addition to casework services, adequate adoption services include wide interpretation of these services to the public; flexibility in regard to placement policies; and understanding and cooperation among many professions -- social work, medicine, law, nursing, education, the ministry. An adoption program must be supported by adequate foster care resources for the temporary care of children awaiting placement in adoptive homes.

Adapted from page 64, CHILD WELFARE SERVICES, Children's Bureau Publication No. 359, 1957.

Office of Child Development
Children's Bureau
Ursula M. Gallagher, Specialist on
Adoptions and Services to
Unmarried Parents

April 26, 1972

ADOPTION OF CHILDREN WITH SPECIAL NEEDS

1. Current Program Strategy and Activities

This program seeks to provide appropriate adoptive families for a large group of "forgotten children" in the United States.

Many children with special needs should be placed for adoption but because of difficulties in recruiting a sufficient number of adoptive homes are left in detention homes, institutions, or temporary foster family homes. As a result, these children grow up without experiencing the kind of stable family life to which they are entitled, and belong to no one. Many drift along without firm ties to parental figures; many feel that they are outcasts of society; many do not have the opportunity to develop their talents to capacity.

Such children include: (a) Children with physical or mental handicaps; (b) Older children; (c) Sibling groups; (d) Children of minority groups--Puerto Rican, American Indian, Mexican-American, Oriental. (F.Y. 1971 proposals regarding black and mixed black-white children are already in progress.) A large number of these children have no interested biological parents, but termination of the parent-child relationship has been difficult. Some interpretation as to the importance of finding adoptive homes has been on-going, but a sharp focus and all-out thrust are needed at this time to help these "vulnerable children."

Many families seeking to adopt are interested in a "normal" child; some cannot afford medical expenses; others prefer to accept an infant to encompass the child into their family more readily; some cannot accept more than one child; others, particularly minority group families, are interested in minority group children but are economically unable to assume the cost of raising a child until he reaches his majority.

Implementation of this program would prevent deficits that could lead to delinquency and maladjustment of many children and in turn adversely affect the adjustment of their children in years to come.

At the present time the Children's Bureau is reaching only about 25% of this group of children with special needs who need adoption.

2. Recommended Program Change (if any)

It is proposed that Children's Bureau increase the number of adoptions of children by:

(1) increasing efforts to educate the public about the children who are waiting for adoptive homes.

(2) improve legislation so that more children whose parents are unable to care for them permanently would be legally freed for adoption.

(3) help change attitudes and develop greater understanding of the needs of this special group of children by judges, physicians, and social workers.

(4) Increase funding to social agencies to enable them to recruit more adoptive families.

(5) provide a mechanism for disseminating informational and other materials

It is essential that this program be instituted so that the lives of many children will be salvaged.

3. Comparison of Current and Recommended Program

a. Program Objectives

(1) Carry out a publicity program through mass media so that children with special needs will become visible and desirable; children should be presented in a positive way, with emphasis on their assets and potential to enrich the lives of prospective adoptive couples.

Enlist the help of adoptive parent organizations, such as Council on Adoptable Children, Open Door Society.

3. Comparison of Current and Recommended Program
continued

a. Program Objectives
continued

(2) Some State laws impede placements of many children.

(a) Many children are not legally free for adoption because of:

inadequate laws dealing with termination of parental rights.
Many State laws are indifferent to the rights of children and do not consider the child's best interests.
The rights of parents are frequently upheld despite the fact that the parents are unable or unwilling to care for and raise their children.

(b) Subsidized adoption legislation has been passed in 19 States. Such legislation should be urged in additional States.

Some families could give love and security to a child but lack adequate income to support a child through minority or are unable to pay for special medical care.

Children's Bureau will carry out a national study of the laws and urge the States to improve or initiate laws that would help to accomplish these two objectives.

Children's Bureau will put together in an appropriate format informational materials and provide technical assistance to judges and legislators so as to encourage changes in the laws. Such materials and technical assistance will be available also to social workers and others who have responsibility for planning the lives of children.

(3) In helping to change attitudes of social workers and providing them with technical assistance to improve skills, staff training methods will be developed.

3. Comparison of Current and Recommended Program continued

a. Program Objectives continued

(4) Use of Federal funds from H.R. 1, Title XIX, and Title IV-A, will be urged to enable adoption programs in the States to be accelerated. In this way, more families could be subsidized and medical expenses could be met.

(5) Many requests for material on adoption are received but cannot be handled expeditiously because of lack of staff. Packets of material for judges, schools of social work, social workers, attorneys, and others, could be assembled for easier mailing.

b. Program Operation and Management

To meet objectives, the following operations are necessary:

(1) enlist the cooperation of mass media by providing information and materials to T.V. stations, writers, and others; to coordinate efforts of adoptive parent organizations by helping them plan programs on adoption and coordinating their efforts in areas of recruitment, publicity, newsletters, etc.

At the present time, Children's Bureau assists by responding to the requests of all of the above, but additional staff is needed to initiate such activity.

(2) workshops with State administrators and adoption supervisors and caseworkers will be planned, so as to increase the amount of technical assistance to social workers.

At present, it is impossible to meet all such requests.

Social workers will need help in refining their skills---

---to provide supportive help to biological parents so as to clarify their intentions and abilities to assume responsibility for their children.

---to prepare older children and handicapped children for adoptive placement.

3. Comparison of Current and Recommended Program
continued

b. Program Operation and Management
continued

(2) workshops...(continued)
Social workers will need help in refining their skills---(continued)

---to prepare and help prospective adoptive parents to understand the needs of these children.
---to prepare reports to the court that will clearly justify the need for termination of parental rights.

(3) Confer with key persons from National Conference of Judges, the National Conference of Commissioners on Uniform Adoption laws, American Bar Association, State Bar Associations, State's Attorneys, legal advisors to social agencies and other attorneys.

Written materials will be used and efforts made to improve or develop model laws in adoption.

Continued cooperation will be sought from key persons in American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Hospital Association, American Medical Association, since the medical needs of many of these children are paramount.

Information regarding genetic problems that might preclude adoption plans will be sought and disseminated.

Interprofessional cooperation will be achieved through dissemination of materials and State and regional meetings.

Cooperative efforts will be continued with Child Welfare League of America, with Adoption Resource Exchange of North America (ARENA, CWLA), and with other national voluntary organizations.

6 - ADOPTION OF CHILDREN WITH SPECIAL NEEDS. Ursula M. Gallagher. 4-27-72.

8. Comparison of Current and Recommended Program continued

c. Program Output, Impact and Coverage

The number of children with special needs who need adoption has not been ascertained statistically, but estimates range from 20,000 to 20,000 (excluding the estimate of black children needing adoption, for whom Children's Bureau has on-going projects). By 1978, this program should provide adoptive homes for at least 50% of the children within the States where the program is in operation. (It must be noted that additional children will be requiring adoption within this period.)

The impact of this program would be to increase opportunities for more children to secure qualified parents. As a result, these children would have more security, feel wanted and loved, and develop their potentials to capacity, attain greater self-confidence and a capacity to become independent as adults.

Results can be measured:

(a) by comparing the number of special-needs children placed for adoption within the three-year period before the program started, with the number placed three years after initiation of the program.

(b) by testing out the effect of subsidized adoption legislation (the number of children placed) in two States where there is such legislation against two States where there is no such legislation.

15 interprofessional meetings will be held.

Publications will include a model law--"Legislative guides for the termination of parental rights and responsibilities and the adoption of children," Adoption of older children, "The Adoption of Mentally Retarded Children," "Adoption Opportunities for the Handicapped /Children/."

3. Comparison of Current and Recommended Program continued

d. Program Distribution

Social workers, judges, legislators, attorneys, and physicians will become more aware of their responsibility for these children with special needs. While Children's Bureau is currently reaching some representatives of all these groups, more staff is needed to extend those efforts.

Informational materials will be developed and made available to the public and various professional groups.

e. Legislation

No Federal legislation is needed. However, to increase the potential of the program and affect more children:

(a) H.R. 1 should be amended to allow subsidy for children with special needs in addition to handicapping conditions. (The present bill is limited to that group and would not allow funds to be used for other children where a family income is insufficient to support a child.)

(b) State legislation is needed -- primarily Termination of Parental Rights (voluntary and involuntary).

(c) State legislation is needed to allow authorization and funding for subsidized adoption.

f. Personnel and Manpower

... 5 additional professional staff and 4 support staff in Central Office needed

... 1 additional professional and half-time support staff in each Region needed

... Consultants in Central Office:
an attorney (versed in adoption)
a pediatrician
a geneticist

3. Comparison of Current and Recommended Program continued

g. Financial

73	74	75	76	77	78

ADOPTION OF CHILDREN WITH SPECIAL NEEDS

4. Rationale for Change

Many children with special needs -- older, mixed racial, physically, mentally or emotionally handicapped -- who cannot live with their parents permanently are shifted from one temporary placement to another. If the right adoptive families can be found for them, the lives of these children can be salvaged and will result in an immeasurable saving of human resources.

Studies of adopted children -- which include several of Children's Bureau Research and Demonstration projects, Alfred Kadushin's follow-up study of adoption of older children, and other studies regarding adoption of minority children, transracial adoptions -- have shown encouraging results but indicate the need for a full-scale effort to locate additional families that can provide stable homes and opportunities for maximum healthy growth and development for these children with special needs.

This proposal ties in with the advocacy role of the Office of Child Development and the goals of the Department of Health, Education, and Welfare. Its implementation will make it possible for these children to grow up in a climate of love and acceptance, so that they will be equipped to be self-sufficient and non-dependent upon society.

5. Impact on Other Programs

All programs concerned about children will benefit from the improved delivery of services. Coordination with other agencies in HEW, other Governmental departments, and States, will result in cooperative relationships.

Ursula M. Gallagher
Children's Bureau
December 12, 1972

THE STATUS OF ADOPTION SERVICE AND FUTURE NEEDS

Adoptions

Characteristics and Trends

Children who have no parents or whose parents are unable or ill-equipped to care for them should be placed in adoptive homes.

Child welfare agencies in the State Departments of Social Service have a responsibility for finding adoptive parents for these children, and to determine that their new parents will offer security and an opportunity for them to develop to their fullest potential. Involved in this total service is counseling to the biological parents (usually unmarried) and to the prospective adoptive parents.

Adoption Service

Adoption is a service that substitutes for parental care when it is impossible for a child to remain permanently with his own parents. It is the method provided by law of assuring to children, who for some reason cannot be cared for by their natural parents, the security of a home in which they may be brought up under the same mutual rights and obligations as those existing between children and their natural parents. Adoption establishes the legal relationship of parent and child between persons who are not so related.

The Current Picture in Adoption

At the present time, due to a combination of changes in the social situation in the United States, there are fewer infants available for adoption than in the past. Reasons include the use of contraceptives, the trend toward liberalized abortion legislation, and the reduced stigma for unmarried mothers who keep their babies.

At the same time, more and more people are desirous of adopting infants because of the acceptability of adoption as a means of increasing one's family. Efforts to reduce the population have led many to decide to adopt a child rather than to bring another child into the world.

THE STATUS OF ADOPTION SERVICE AND FUTURE NEEDS

At the same time that infants available for adoption are placed readily, many children with special needs are awaiting placement, but because of difficulties in recruiting a sufficient number of adoptive homes many are left in detention homes, institutions, or temporary foster family homes. As a result, these children grow up without experiencing the kind of stable family life to which they are entitled, and belong to no one. Many drift along without firm ties to parental figures; many feel that they are outcasts of society; many do not have the opportunity to develop their talents to capacity.

Such children include: (a) Children with physical or mental handicaps; (b) Older children; (c) Sibling groups; (d) Children of minority groups--Puerto Rican, American Indian, Mexican-American, black, Oriental. A large number of these children have no interested biological parents, but termination of the parent-child relationship has been difficult. Some interpretation as to the importance of finding adoptive homes has been on-going, but a sharp focus and all-out thrust are needed at this time to help these "vulnerable children."

Many families seeking to adopt are interested in a "normal" child; some cannot afford medical expenses; others prefer to accept an infant to encompass the child into their family more readily; some cannot accept more than one child; others, particularly minority group families, are interested in minority group children but are economically unable to assume the cost of raising a child until he reaches his majority.

Size of the Problem

The estimate of the number of children who need adoption but are not readily placed has ranged between 20,000 and 60,000. The estimate made by the Children's Bureau is 60,000, of which 40,000 are black or of mixed racial background. Due to limited resources within the States, public and voluntary agencies are unable to reach all of these children. A conservative estimate would be that at least 75 percent of these children would remain in "temporary care" and never be adopted unless there is a thrust made by the Federal Government to help the States finance adoption programs.

THE STATUS OF ADOPTION SERVICE AND FUTURE NEEDS

Before these children can be placed for adoption, it is important that there be concerted efforts to terminate the parental rights of those parents who have demonstrated an inability to assume permanent responsibility for their children.

In order to help the States free these children for adoption, certain steps are necessary, including the following:

1. Set up a system for identifying children who need adoption.
2. Provide in-serve training to social workers regarding court procedures and responsibilities.
3. Open up communication with the courts and develop greater understanding of laws and procedures within the State.
4. Help courts understand the damage to children who are left in "temporary care" despite parental neglect.
5. Inform the community about the size of the problem and action needed.

Subsidized Adoption

Twenty-two States have passed legislation providing subsidy after a child has been adopted. This concept of providing reimbursement after an adoption is finalized, according to prior agreement, represents a basic change in adoption philosophy. Financial reimbursement makes adoption possible for families who can offer affection and emotional security to a child but who cannot afford to assume the total financial responsibility for him. It may be undertaken for adoption of a child who has a physical handicap requiring special medical care, for a specific cost in caring for a child, or as a reimbursement needed for either a short time or an indefinite period.

THE STATUS OF ADOPTION SERVICE AND FUTURE NEEDS

The States are in need of technical assistance to develop adequate guidelines in order to make maximum use of their subsidy legislation. Some States have proposed guidelines that are so limiting in their application that they will enable only a few children to be adopted.

All States should consider the potentials of subsidized adoption, since with adequate regulations it would make it possible for some of the 60,000 children awaiting adoptive placement to be placed.

Intercountry Adoption

In view of the decline in the number of babies available for adoption in the United States, many people are clamoring to adopt foreign-born babies. There have been many difficulties, since some countries that following World War II were willing to have their children adopted by U.S. citizens have developed their own programs and no longer wish their children to leave their homeland. At the present time, the majority of children coming to the U.S. to be adopted are from Korea.

As far as South Vietnam is concerned, while there are many children whose fathers are U.S. citizens, the mothers, the extended families, and the Government of South Vietnam are reluctant to allow many children to be adopted by foreigners. At the same time, pressure continues to mount on the part of individuals and groups of U.S. citizens to secure large numbers of the South Vietnam children.

Involvement of the States in Intercountry Adoption

For those children who come to this country for adoption, it is necessary that preadoptive requirements of the State where the child will live must have been met. Thus, staffs in the States are necessary to handle the additional workload.

Ursula M. Gallagher
Children's Bureau
December 12, 1972

THE STATUS OF ADOPTION SERVICE AND FUTURE NEEDS

Size of the Problem: Other Services the States Should Provide

Because of the difficulties in planning adoption of older children, those who are handicapped, mixed racial children, and family groups, certain special skills and additional time are required. Additional services must be provided to the adult who was adopted as a child, as well as to the adoptive parents. (At one time, following the adoption decree, adoptive parents were considered as independent and not in need of any further service since the child legally belonged to them.)

For these reasons, the States must develop the following services:

1. Expand counseling service to biological parents. Develop post-adoptive services to parents.
2. Develop post-adoptive services to adopted children as they grow up.
3. Develop techniques in identifying children in need of adoption.
4. Improve skills in preparation for adoption of the child with special needs.
5. Special efforts to recruit "special" adoptive homes.
6. Improve skills in helping adoptive parents understand the needs of these "special children."
7. Coordinate activities with adoptive parent groups.

To provide all of these services, the upgrading of child welfare programs and in-service training for staffs are essential.

Ursula M. Gallagher
Children's Bureau
December 12, 1972

THE STATUS OF ADOPTION SERVICE AND FUTURE NEEDS

Services to Unwed Mothers

Recent statistics on births out of wedlock are not available. However, the 1968 estimate from the reports of the National Center for Health Statistics was 339,200. The majority of the estimated 171,000 children adopted in 1969 were born out of wedlock. However, services are needed for many of the unmarried girls who decide to keep their babies or place them with close relatives.

States have had insufficient funding to provide the necessary services to these women. A large number of the girls are minors and need special services in counseling, in prenatal and postnatal care, and educational opportunities. States have been unable to reach out to those girls who have not sought service because of their pregnancy or birth out of wedlock.

Services to the Unwed Father

Services to the unwed father, involving identifying him, and providing service to him, will require additional funds. Recent U.S. Supreme Court decisions give certain rights to the unwed father which have implications for adoption practice.

Estimated Cost of Service to Place a Child for Adoption

(Child with Special Needs)

12-12-72

	Services to Unwed Parents	Pre-Adoptive Care	Adoption Service	Total
Content of Service	To Mother a) medical care prenatal & hospital housing b) counselling To Father a) locating b) counselling c) court costs	Temporary care while planning with natural parents - (average period after decision is made to plan adoption) 12 months	a) Recruitment of special homes b.) Work with prospective adoptive parents, from application, to preparation, to placement & post adoptive services	
Average unit-cost (Adjusted from selected 1969 reports - per placement)	670 - mother 150 - father	250 per month (X 12 mo) 3000 per child	500	$4320

Estimating 60,000 children with special needs at a given time

The estimated total expenditure — 259,200,000

(Excluding pre-adoptive costs — 79,200,000

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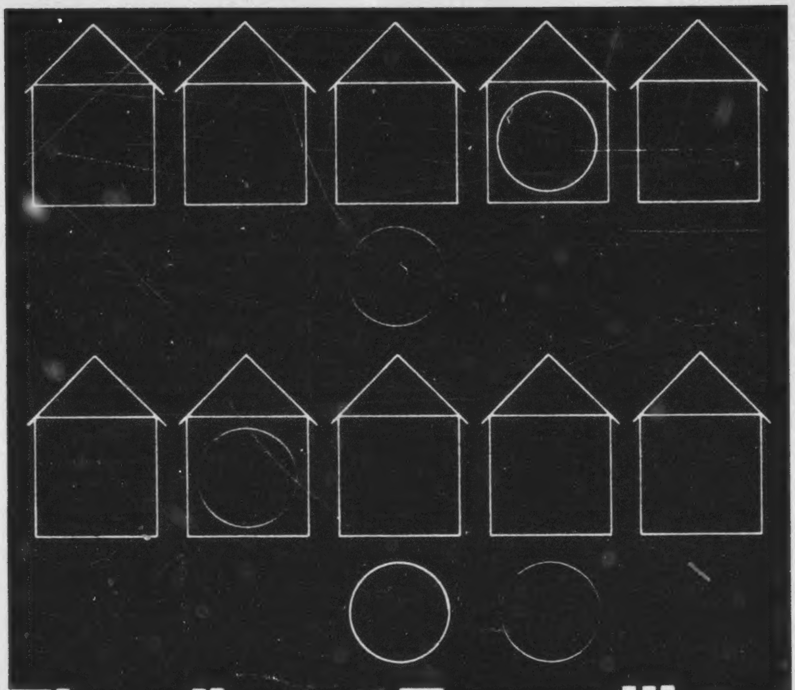

Finding Families For The Children

by

Patricia Ryan Ferman and Bruce L. Warren

Eastern Michigan University

Foreword by: Ursula M. Gallagher

FINDING FAMILIES FOR THE CHILDREN

A HANDBOOK TO ASSIST THE CHILD WELFARE WORKER IN THE PLACEMENT OF CHILDREN WITH A MENTAL, EMOTIONAL, OR PHYSICAL HANDICAP

Patricia Ryan Ferman
Bruce L. Warren
Eastern Michigan University
June, 1974

Funds provided by the Children's Bureau -
Office of Child Development, HEW

TABLE OF CONTENTS

FOREWORD — Ursula M. Gallagher i
ACKNOWLEDGMENTS iii
INTRODUCTION v
Chapter I THE SETTING FOR THE STUDY 1
  Data
  Definition of "Handicap"
  Focus on Adoption Rather Than Foster Care
  Basic Assumptions
Chapter II EVERY CHILD IS ADOPTABLE 7
  Handicapped Children With and Without Families
  How the Workers Perceive the Handicaps
Chapter III FINDING THE FAMILIES FOR THE CHILDREN 13
  Deterrents to Adopting a Handicapped Child
  Motivations for Adopting a Handicapped Child
  Where are the Families?
  Helping Families Decide
Chapter IV EXPLORING ADOPTION TOGETHER 19
  Worker and Family
  Sharing Information
  Adoption Worker as Counselor rather than Judge
  Group Processing: Sharing with other Potential Parents
  The Role of Agency Alumni
  New Roles for Foster Parents
  Utilizing Handicap Associations
  The Role of the Physician
  Summary
Chapter V HELPING FAMILIES COPE 27
  Service Contact vs. Money Back Guarantee
  Pre-placement Relationships
  Post-placement Relationships
  Establishing Contact between Family and Community
  Discontinued Placements
Chapter VI POLICY IMPLICATIONS FOR AGENCY, COMMUNITY, AND STATE 33
  Agency Policy Modifications
  Finding Families in Other Communities
  Governmental Policy Modifications
  Important Others: Judges, Pediatricians, and Teachers
Chapter VII SUMMARY 39
Appendix A Discussion Questions for In-Service Training 45
Appendix B Descriptions of Selected Children Placed in Adoptive Homes by Sample Agencies 49
BIBLIOGRAPHY 59

FOREWORD

Children need parents. If their biological parents are unable to care for them, or cannot be helped to assume parental responsibilities, new parents must be found. Adoption meets this need.

Adoption has become an acceptable way of offering a permanent home to a child, as well as a means of providing satisfaction for childless couples. It also has become socially acceptable to enlarge families by adopting children. However, although the majority of children placed for adoption in the past have been infants, we have now reached the point where the number of persons, married or single, who seek to adopt infants far exceeds the number of infants who are available.

The adoption picture in the United States has been changing rapidly, at a pace that could not have been imagined only a few years ago. No longer are there large numbers of infants awaiting adoptive placement, for those who are problem-free and legally available are placed without delay.

But this does not mean that social agency adoption service is no longer needed. Indeed, there are many children who should be placed for adoption, many, unfortunately, who have been waiting for years for new families. Adoptive homes have not even been sought for some of these children, either because they were thought to be unadoptable or because homes were just not available for them.

Who are these children?

Some are handicapped—mentally, emotionally, or physically; others are of minority races; still others, of all races, are "older" children, a subjective term that may be applied to children ranging in age from three to sixteen. Fortunately, the definition of adoptability has now been broadened to include children in all these groups.

However, the task of working out adoption plans for children with special needs takes on new dimensions. Those families who are willing or able to accept the additional responsibilities involved in parenting children with handicaps are not waiting on the doorsteps of adoption agencies. Nor are all social workers prepared to handle the multiple demands involved in recruiting special families, in helping them to assess their interest and abilities in becoming parents to these children, and in preparing the children to become part of their new families.

This handbook, "Finding Families for the Children," provides insight into the needs of these special children through its exploration of the current practices of more than eighty adoption agencies in six states. But the book is far more than a summarization of practice. A training document, it offers both practical suggestions and encouragement to social workers faced with the responsibility of finding adoptive homes for children who need them desperately.

The material is presented realistically. At the same time, one's imagination is challenged to think of ways to find more parents who have the qualifications that would enable them to raise a child with special needs. The authors focus on the child, not on the handicapping condition itself. They emphasize the fact that children with handicaps have the same needs as all children, as well as some additional needs related to their specific handicaps.

In pursuing their goal—to assist child welfare workers in the placement of children with a mental, emotional, or physical handicap—the authors offer suggestions that are both practical and attainable. Challenging new ideas and resources are also suggested.

By reading this book, child welfare workers everywhere, who are convinced that adoptive families can be found for these special children, will enhance their knowledge and discover new ways to find families. At the same time, they will be helped to cope with their new responsibilities, so that they may help many forgotten children to achieve a new feeling of belonging.

The Children's Bureau is pleased to recommend that every adoption worker who is faced with the task of planning adoption for the child with a handicap should consider this handbook as required reading. A thorough study of this material, based on a conviction that children need parents, should stimulate new ideas for recruiting special parents for these special children, and for providing the supports and insights required for a successful adoption.

Ursula M. Gallagher,
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Office of Child Development
Department of Health, Education
and Welfare

October 1, 1973

ACKNOWLEDGMENTS

The authors wish to express their appreciation and gratitude to the many people who made the publication of this handbook possible. We are especially indebted to the hundreds of child welfare agency personnel, adoptive parents, and child care workers who contributed their valuable time in interviews and filling out questionnaires. Their insights and the fine work they are doing in serving children is the basis for the handbook.

Ursula M. Gallagher, Children's Bureau, wrote the foreword to the handbook. She and Cecilia Sudia, our project officer at the Office of Child Development, provided consistent help and support at every stage of the project—encouraging the initial planning and critically reviewing the final draft. Our Workshop Advisory Board: Jane Costabile, School of Social Work, University of Michigan; Kay Donley, Spaulding for Children; Joan and George Perros, adoptive parents; and Frank Wawrzaszek, Department of Special Education, Eastern Michigan University, consistently encouraged us and contributed substantially to the scope of the handbook.

We also owe a special debt of gratitude to the State Adoption Specialists: Nell English, Alabama; Ann Poss, Georgia; Mary Ottinger, Indiana; Emmett Turner, Michigan; Robin Peacock, North Carolina; and Kay Buchanan and Max Bucey, Ohio. These people contributed substantial amounts of their time in discussing with us what was happening in their respective states, corresponding with workers in their states, and reading and commenting on the manuscript draft.

The State of Michigan Special Project workers under the direction of Emmett Turner generously allowed the authors to observe many of their monthly meetings and provided continuous examples of the way in which workers can be innovative in effectively finding homes for special need children.

A special thanks goes to the families who allowed us to include their pictures and share their experiences with adoption.

The project rested heavily on the efforts of Mary Lohman who contributed to the coordination of the project and took major responsibility for assuring that as many interviews as possible were completed and recorded. Mary Ridley and Pearl Levy donated time to the project and substantially expanded the results. Julie Sheppard typed and retyped questionnaires, drafts, and the large correspondence flowing from the project. Susan Jones edited the final manuscript. LeNealle Johns and Ann Molik typed the manuscript drafts. Several Eastern Michigan students contributed to the handbook by taking notes on the workshop and coding materials. They are Patrick Bingham, John Clarry, Katherine Digneit, George Garris, Donna Jackson, Mark Jurecki, Michael Radelet, and Michael Stahl.

Constance Einstadter handled the final preparation of the workshop and we are indebted to her for her efficiency and efforts in making the workshop a success. Jeanne Pritchard and the office staff of the Department of Sociology at Eastern were invaluable in assuring the regular progress of the project and pitching in during the unavoidable crises that occurred. The staff of Information Services prepared the manuscript for printing and designed the cover and format.

To these people and all of the others who participated in the workshop, read manuscripts, and generously contributed their time and efforts we offer our sincerest thanks.

This family adopted Debbie four months ago, right after her second birthday. Debbie had been neglected and her mental development slow. She is adjusting well to her new brothers who are three and five years old. Her mother is a nurse. The couple have been foster parents and plan to take more foster children when Debbie's adjustment is complete.

INTRODUCTION

This handbook is designed to help child welfare workers find adoptive homes for children with special needs—those with mental, emotional, or physical conditions that make it difficult to find a family willing to accept the child. The purpose of the handbook is not to provide a complete step-by-step manual on placing such special need children, for there is much yet to be learned. Instead, the handbook is an attempt to summarize current practices, based on information from over eighty adoption agencies located in six states (Alabama, Georgia, Indiana, Michigan, North Carolina, and Ohio).

These agencies differ in the number of such children served, success in placing such children in adoptive homes, and the type of community served. Each agency operates under different constraints, legal procedures, and policies. Some have placed many children with severe handicaps, while others still find it difficult to place children who are even moderately different.

Agency personnel were very generous in sharing with us information about procedures, policies, programs, and their successes and failures to date. This handbook will attempt to systematize this information so that the child welfare worker can gain from the experiences of others.

The authors make no claim that this work is a definitive text on social work practice in placing such children. Rather, we see this work as a medium for sharing experiences in a new area. It is designed as a forum through which the many workers who completed our questionnaires and with whom we talked, can share with their colleagues the practices they have found successful, innovations they have made, pitfalls they found, and their major concerns in the process of finding families for these children. Hopefully, this information will aid other workers in their attempts to serve children, and will stimulate greater efforts in finding adoptive homes for handicapped children. Most importantly, the ideas shared here may be fruitful in originating new programs and mobilizing greater effort to find the best possible care situation for as many children as possible.

Chapter I

THE SETTING FOR THE STUDY

It is especially appropriate at this time to reexamine the policies governing adoption and foster care:

1) Latest federal statistics for 1971[1] indicate that non-relative adoptions have decreased for the nation as a whole, and the decrease has continued between 1971 and 1972 in the fifty-seven agencies surveyed by the Child Welfare League of America.[2] Of the six states in our study, five have experienced this decrease: only Alabama is an exception.

The decrease in adoption appears to reflect a decrease in healthy infants available for adoption rather than a lack of interest on the part of potential adoptive families. Most agencies have a long list of families waiting for infants and are discouraging applications from families that are only interested in healthy infants.

With fewer infants waiting, many adoption agencies are beginning to attempt placement of the formerly "unadoptable" or "special need" child. For instance, the number of black children placed in adoptive homes has been slowly increasing.[3] Available statistics do not indicate the extent to which this is an increase in healthy infant placements or an increase in children who have special needs unrelated to race.

2) The national movement to define and protect children's rights includes the premise that all children have the right to a stable home with loving parents. If the child's biological family cannot care for him, there is strong pressure to find a substitute family. In addition emphasis on the rights of the child means that his needs must be considered primary, and should not be superceded by the rights and arbitrary needs of the adults who care for him.

3) Citizens' groups of adoptive and foster parents are pressuring agencies and state legislatures to reexamine their policies. These groups are attempting to redefine the role of the family *vis-a-vis* the agency, urging agencies to be more responsive to the needs of children, and less arbitrary in their determination of the best plan for the child.

These trends have caused agencies to redefine their major objectives; for the adoption worker especially, the goal is now to find a family for a child in need rather than a child for a nice family. (Seventy-nine per cent of the workers in our sample responded that they viewed the child as the primary client).

Data

The data utilized throughout this handbook were gathered at Eastern Michigan University under a grant from the Children's Bureau—Office of Child Development, Department of Health, Education and Welfare. Questionnaires were sent to directors of ninety public and private adoption agencies in Alabama, Georgia, Indiana, Michigan, North Carolina, and Ohio. Eighty-nine per cent of the agencies returned the completed questionnaire. A second questionnaire was sent to all of the foster care and adoption workers in the agencies. Two hundred five or forty-nine per cent of the workers returned completed questionnaires.

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[1] *Adoptions in 1971 Supplement to Child Welfare Statistics*. U. S. Department of Health, Education and Welfare, Washington, D.C. 1973.

[2] Michael J. Smith, "Selected Adoption Data for 1969, 1970, and 1971," Child Welfare League of America, Inc., New York, 1972.

[3] Special Report from Child Welfare League Association Research Center, *Child Welfare*, Vol. 56, No. 9, November 1971, pp. 510-511.

Additional data were gathered in intensive meetings with the adoption specialists in six states, selected agency directors and their personnel, and the staffs of special projects and agencies set up to place special need children.

Over one hundred workers from the northern states in our sample met for a workshop in Ann Arbor, Michigan in March, 1973. The workshop participants included adoption specialists, parents who have adopted handicapped children, handicapped university students, special education teachers, people who work with the handicapped, and members of associations set up to serve the handicapped and their families. The participants spent a full day discussing the problems that agencies face in the placement of handicapped children. The proceedings of this workshop and the insights they contain are also the basis for some of the information in this handbook.

Definition of "Handicap"

Throughout this handbook, "handicap" refers to a mental, emotional, or physical condition that might prevent or delay suitable placement. The authors recognize that many people have come to deplore a label that has long been used to emphasize limitations rather than merely recognize differences. Although we share this concern, we could not find a suitable alternative which would adequately identify the types of children with whom we were concerned. The "exceptional child" is what every parent seeks. The term "special need" child includes children who are difficult to place for reasons other than a mental, emotional, or physical condition. Although "handicapped child" might seem a derogatory term to some, it is sufficiently familiar to identify the children with whom we are concerned without the awkwardness of constantly spelling out specific special needs. The handbook as a whole is a plea for workers to recognize that these children have the same needs as others, and can be a real asset to the right family.

One of the questions asked repeatedly during the study was what was meant by handicapped. The term was purposely left undefined, in recognition that what constitutes a handicap varies from community to community. We were interested in the potential placement of any child whose mental, emotional, or physical condition might prevent or delay the placement that the agency had determined would be most beneficial. We felt that workers and agency personnel themselves were best able to define such conditions since they knew their own communities and the difficulties they would face in placing a particular child. We conjectured, for instance, that a medical condition that might be seen as a handicap to placement in one community might not be significant in another.

As a result of allowing the workers to define a handicap as any characteristic that might delay or prevent placement, we found that there were indeed significant variations, not only between geographical areas but between agencies in the same community. Workers who were placing Down's Syndrome children in adoptive homes were not as prone to define "slow children" as handicapped.

Many workers indicated that older children and children of minority races were also operating under a handicap in their particular community—that these characteristics were likely to be an obstacle to suitable placement. Although these characteristics complicate the placement of a child with a mental, emotional, physical condition, the study did not focus on age or race, or define these characteristics as handicaps. Most programs designed to place special need children do not make this distinction, and there are certainly many similarities between successful placement of an older child and a handicapped child. There is no way of recognizing the extent to which many older children with emotional problems might be more adequately labeled as handicapped in terms of age. However, any label that the worker thinks is important in determining a family's ability to accept a given child is likely to be translated into some message sent to that family about the child's desirability.

Throughout this handbook, the concentration is on children for whom the best placement situation is jeopardized because of a mental, emotional, or physical condition that makes it difficult to find families who are willing to provide the stable, loving environment that every child needs in order to develop to his full potential. In this sense the child suffers an additional handicap—that of not having a family.

Focus on Adoption Rather than Foster Care

Although much of what is discussed may be useful for the foster placement of handicapped children, the study focuses on adoption for two reasons:

First, there are relatively few situations in which permanent foster care is seen as the best alternative for a child. The caseworker either is working to return the child to his biological family or, if this is not feasible, working to free the child and find an adoptive family for him. Although some foster families do a very effective job, there are drawbacks. Foster families are not permanent homes and most are unable to make a permanent commitment to a child. If they can, adoption should be considered. Many children in long-term care are transferred frequently from family to family.[4] Unfortunately, it is when the child is experiencing a crisis that the foster family is most likely to find it can no longer provide a home or cope with the child.

Agencies seldom have the resources to assure that foster families are chosen for their suitability to serve the needs of a particular child. Few agencies are able to provide training for the family. Most foster families are unclear about their role with the child. They are seldom included in agency planning for the child and are often left unaware of agency goals. Thus, the foster family is the major caretaker of the child but can take little or no responsibility for planning for him.

Second, the insights used for finding adoptive families may well be very useful for selecting foster families for those children whose needs are best served by temporary care. Although the role of foster families is different from that of adoptive families, certainly both must share some characteristics if they are to provide the type of family environment most suitable for parenting a handicapped child. Many agencies find it difficult to locate families willing to accept a foster child with a mental, emotional, or physical condition and may find that the techniques for the recruitment of adoptive families are also useful for the recruitment of foster families. Fifty-four per cent of the agencies reported that it was either as difficult or more difficult to find foster homes for handicapped children, as it was to find them adoptive homes.

Basic Assumptions

Throughout this handbook the authors make several assumptions that seem typical of the philosophy of social work generally and of adoption work specifically. The first assumption is that the social worker views people realistically and recognizes that it is normal and human to have problems and difficulties. She* accepts that a wide variety of behavior patterns are satisfying to different individuals and diverse coping mechanisms are effective for different people. The worker does not judge, but only guides individuals in more effectively coping with their problems. The second assumption is that the client is a worthwhile human being who has the right to determine his own fate and make his own decisions. The worker's role is to point out alternative choices, help the client evaluate alternatives, and aid the client in making decisions for himself.

[4] Rosemary Dinnage and M. L. Kellman Pringle, *Foster Home Care Facts and Fallacies*, New York: Humanities Press, 1967, pp. 6-8.

*Since English contains no neuter pronoun and eighty-eight per cent of the workers who responded to our questionnaire were women, we will use feminine pronouns in referring to the social worker.

In adoption services, the child is viewed as the primary client. The worker's role is to develop the best possible plan for the child and to find the best possible home for the child. Although adoption provides a great many families the opportunity to parent with all of the joys and rewards accompanying parenting in our society, the worker's primary role is finding homes for children, not children for families. To do this she concentrates on the child's needs and considers his wishes when he is old enough to express them. She looks for a family that will meet these needs. In studying a family she sees her role as working with the family to help them determine the extent to which they are able to meet the needs of a particular child rather than setting herself up as a judge of the couple's suitability. Even when a couple lack the abilities and strengths that match the needs of currently available children, the professional worker will work to help the family reach a decision against adoption at that time.

The very real satisfactions of helping families and children find each other, does not blind the worker to her professional role in helping the families realistically face the challenges of adoption; but the worker's own ideals of family life, and her recognition of the high cost of failure to the family, to the child, and to herself does not deter her from the professional responsibility of making placements that are less than perfect.

Within the framework of these professional guidelines, this handbook uses the data described above to explore possible answers to the following questions:

1) Can children with mental, physical, or emotional handicaps be placed in adoptive homes?
2) How does one find families for these children?
3) What is the worker's role in helping families accept these children?
4) What is the agency's continuing responsibility to the children and families?
5) What are the needs for policy revision at the agency, community, and state level to increase such placements?

Joseph was adopted three years ago when he was four years old. He is hyperkinetic but doing well in school. The family social worker called last year to see if they could accept Jonathan, four, who had a history of neglect. The family is doing nicely.

Chapter II

EVERY CHILD IS ADOPTABLE

Once the worker determines that the best care plan for a child is adoption, the next step is finding a family willing to adopt this child. Traditionally, workers have assumed that, with rare exceptions, couples were only interested in premium infants—those who were healthy and whose backgrounds gave no indication of future problems. Even healthy infants of a minority race were likely to wait for families until they were too old for the typical couple to want them. Since the number of healthy infants has decreased and more minority families are interested in adoption, workers are finding that older or handicapped children are also being accepted by adoptive families. There is a growing awareness that some adoptive families are more flexible than was supposed in their attitudes about the kind of child they believe they can parent. Of the adoptive families described by the workers in our sample, only forty-three per cent of those who adopted handicapped children approached the agency for a healthy infant. The rest were initially interested in a special need child. These families seem able to accept the child who is different, to love him, and to find tremendous satisfaction in helping the child develop to his potential.

What about the child whose problems are severe—the severely retarded child, the emotionally disruptive child, or the child with a physical condition that requires constant care? Are there really families willing to accept such children with all the potential for disruption that their problems entail? Are there families willing to take a child whose chances for survival are unknown, a child who will be dependent for life, a child who requires extensive surgery or medical expenses?

To help answer the above questions, we asked workers to describe the last two handicapped children they had placed in adoptive homes. We also asked for descriptions of the children in agency custody who were eligible for adoption, but who were unlikely to be placed in adoptive homes because of a mental, emotional, or physical condition. Finally, each worker was asked to look at a list of handicaps and tell whether in her opinion, the condition was very likely to prevent placement, likely to prevent placement, or not likely to prevent placement. This information gives some idea of the types of children who have actually been placed in adoptive homes, and those who are not being placed. It also gives us some idea of the workers' attitudes and assessments of various kinds of handicaps as they are likely to affect placement.

Handicapped Children With and Without Homes

Figure I compares some of the characteristics of the children placed in adoptive homes with those children unlikely to be placed. These data indicate that no matter what the nature of the handicap, adoptive families are being found.

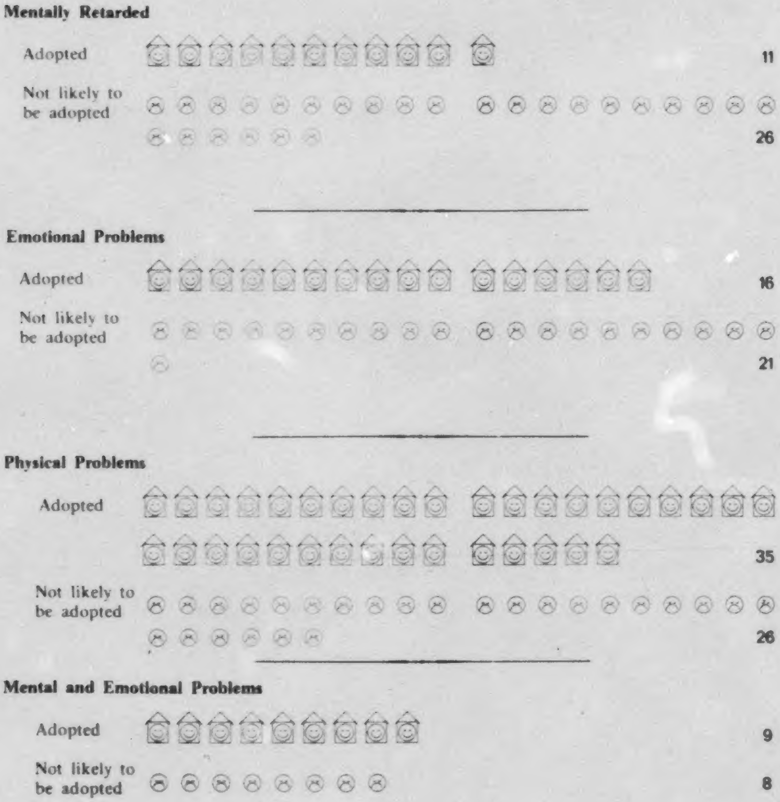
Although workers reported that Down's Syndrome (Mongoloid Retardation) was the condition most likely to prevent adoption of a child (See Table I) the workers described five such children who had been adopted. Six more were reported by agencies as unlikely to be placed because of Down's Syndrome.

Many workers tell us that the child with a physical handicap is easier to place than one who is mentally retarded or has multiple handicaps. The data bear this out. However, even children with multiple handicaps appear to be placed fairly frequently. When the data were examined by age and race, there appears to be a definite perception among workers that the older child and the black child are less likely to be placed.

Since the wide variety of handicaps and unique combinations of conditions makes it difficult to fit these children into statistical categories, brief descriptions of some of the children

FIGURE I

Distribution of Types of Handicaps for Each 100 Children Placed in Adoptive Homes Compared with Those of Each 100 Children Unlikely to Find an Adoptive Home



Emotional and Physical

Adopted	☺☺☺☺☺☺	6
Not likely to be adopted	☹☹☹☹☹	5

Mental and Physical

Adopted	☺☺☺☺☺☺☺☺☺☺ ☺	11
Not likely to be adopted	☹☹☹☹☹☹☹☹☹☹	10

Mental, Physical and Emotional

Adopted	☺☺	2
Not likely to be adopted	☹	1

Multiple Physical

Adopted	☺☺☺☺☺☺☺☺☺☺	10
Not likely to be adopted	☹☹☹	3

are presented in Appendix B. These descriptions indicate that families are being found for at least some children with handicaps that would in the past have been viewed as precluding placement. The children are representative of a wide range of handicaps and many have multiple handicaps. Although there are fewer older, non-white children, race and age have not prevented placement of handicapped children. These data indicate that there are families for a child with every type of mental, emotional, and physical condition—that every child is adoptable if the worker is able to find the right family. The workers, however, varied considerably in their perception of how likely families in their communities were to accept children with specific types of conditions.

How the Workers Perceive the Handicaps

Each worker was given a list of eighteen handicaps, and asked whether she thought each was very likely to prevent placement, likely to prevent placement, or unlikely to prevent placement of a child in her community. The responses to these questions were summed to provide each worker with a score indicating how conservative or optimistic she was in viewing the various handicaps as likely to prevent placement. Figure II shows the distribution of these scores by type of worker, and by whether the worker previously had been able to place a handicapped child in an adoptive home.

TABLE I

Rank Order of Handicaps by Frequency with which Workers Believed they are Very Likely to Prevent Adoptive Placements.

Type of Handicap	Per cent of Workers Believing Very Likely to Prevent Placement
1. Mongoloid Retardation	59
2. Cystic Fibrosis	48
3. Cerebral Palsy	39
4. Blind	28
5. Sickle-Cell Anemia	25
6. Severe Acting Out	23
7. Deaf	18
8. Epilepsy	14
9. Facial Deformity	13
10. Hyperkinetic	8
11. Mild Mental Retardation	7
12. Cardiac Pulmonary	4
13. Partially Sighted	3
14. Orthopedic	2
15. Diabetic	2
16. Allergies	1
17. Asthma	1
18. Bedwetting	1

Foster care workers are most likely to view a handicap as preventing a child from being accepted by a family. The twelve supervisors who responded, tended to fall at the two extremes, either very conservative or optimistic in their estimate. Table I presents the handicaps in the order that workers most frequently indicated they were very likely to prevent placement.

Our data indicate considerable disagreement among workers about the extent that a particular handicap might prevent placement. Since our sample of placed children includes at least one child with each of these handicaps, many workers might use the data to expand their own ideas of the probability of finding families for children with particular types of handicaps.

The important question is whether those workers with conservative perceptions of the probability of placing handicapped children are reflecting the real situation in their particular community, or simply reflecting more traditional ideas about the types of children families are likely to accept. If the worker's score is a reflection of real community feelings and prejudices toward the different child, these workers might concentrate on community education. If the score indicates the worker's own perceptions about the ability of a family to accept a handicapped child, the worker will have to examine her own attitudes toward such children. Since foster care workers are most likely to be conservative in their estimates of the impact of a given handicap on placement, it may be that many adoptable children are never released for adoption. If foster care and adoption workers feel a child can be placed, and work for the child's legal release, they may find there is an adoptive family for that child.

Many of the workers who have placed a number of handicapped children believe every child is adoptable if the worker knows the child's strengths as well as his problems, and concentrates on finding a family that can match their strengths to his needs. Two programs in Michigan have been highly successful in finding adoptive homes for special need children—many with handicaps. They are Spaulding for Children[1], a private agency that places only special need children and Special Project[2] of the Michigan State Department of Social Services. The latter program has for the past two years used a special adoption staff working out of the metropolitan county offices of the state to identify and find adoptive families for the "most need" children in the state. All of the Special Project workers and their agencies were included in our sample.

Special Project workers, Spaulding workers, and other adoption workers in our sample have provided proof that there are families who do want to adopt handicapped children. Chapter III discusses the characteristics of these families, some of the ways in which the worker can find such families, and the motivations of the families.

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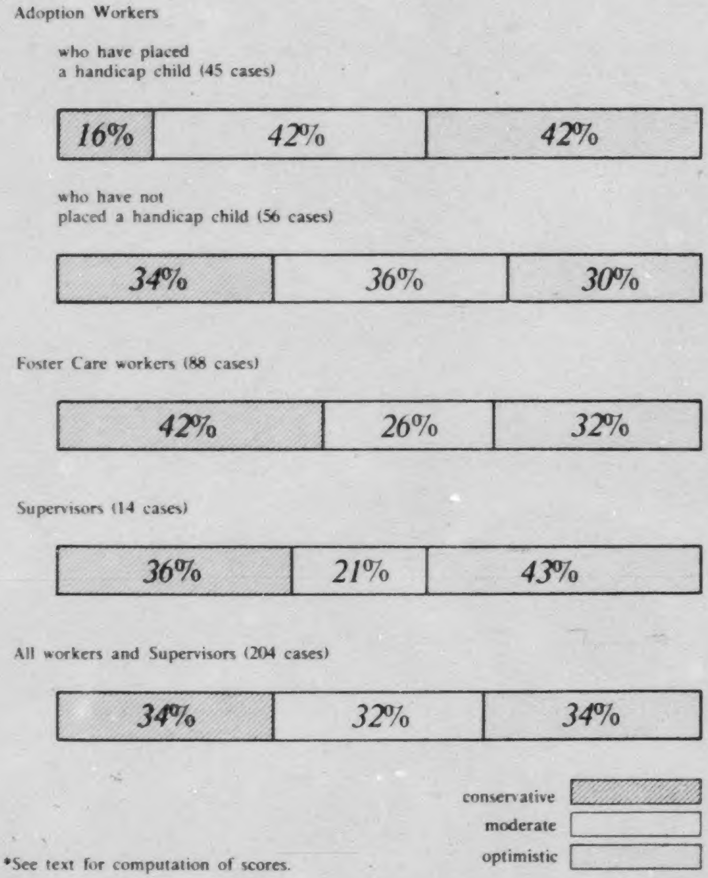
[1] Spaulding for Children. *1971 Annual Report*. Chelsea, Michigan, 1972.

[2] *Adoption Project '72 Final Report*. State of Michigan Department of Social Services, Lansing, 1973.

FIGURE II

Handicap Placement Score* by Type of Worker



*See text for computation of scores.

Chapter III

FINDING FAMILIES FOR THE CHILDREN

Once the worker accepts the idea that all children are adoptable—that there is a family for every child whose needs would best be served by an adoptive family—the next task is to find these families.* Until recently, many agencies assumed they were limited to families who applied to the agency. Today many agencies (sixty-four per cent of those in our sample) have active recruitment programs designed to interest families in adopting special need children generally, or to interest families in a particular child.

At this point we must ask:

1) Where can adoption workers find these families?
2) What are these families like?
3) What does the worker look for in helping families decide if they can accept a particular child's problems?

Before answering these questions we must examine the motivations for adopting a handicapped child and consider the deterring factors to such an adoption. Consideration of these factors allows the worker to focus her search on those people who are likely to be motivated and for whom the deterring factors are less important.

Deterrents to Adopting a Handicapped Child

Many people look upon any kind of handicap as the predominant characteristic of that individual. These individuals are labeled as different and the handicap is used to define relationships with them. Any difference in appearance that accompanies the handicap, or unusual overt behavior that may be characteristic of it, gives rise to fears. Even when the handicap is relatively mild from a medical viewpoint, or when it is likely to have little impact on behavior or appearance, many people are still embarrassed or uneasy in the presence of a handicapped person. There is a strong tendency to treat him in a special way or to systematically ignore the handicap and its manifestations completely. This uneasiness leads to attempts to avoid contact with such people whenever possible. When the handicap is more severe, these reactions are usually more extreme.

If such behavior is characteristic of people in general, certainly it is not surprising that many families would not be willing to voluntarily accept a child whose appearance and behavior would be a source of uneasiness to them. In addition, few families are aware of the exact range of consequences accompanying various types of handicaps. They have questions concerning: To what extent is the child trainable or educable? (Many people assume physical handicaps are an indication of mental dullness.) Would the child be dependent for life? What would happen to the child when the parents die? Although these questions are not unrealistic, many times they arise out of ignorance of the exact nature of various handicaps and the assumption that every handicapped person is helpless, different, and hopefully to be avoided.

For many adoptive families, adoption is the only means for them to have children. Such families are often searching for the child they feel they would have had biologically. Only a few are willing to say they might have borne a child with a handicap—one who was somehow limited. For these families the child is a means of achieving satisfaction for the parents and they are seldom willing to accept a child who is less than perfect. Although some families are beginning to think in terms of a healthy infant to meet their own needs and later a special need child for whom their family can provide unique help, the concentration on the adopted child as a substitute for the unavailable biological child limits the interest of such families in handicapped children. On the other hand, families who choose to adopt a handicapped child do not suffer from the guilt and anxiety that is typical of the biological parents of such children. If they choose such a child with a good understanding of what his problems are likely to mean for the family, and are not motivated by the idea that the child should meet all their expectations, they may find it easier to deal realistically with the child than the biological parents.[1]

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*The use of the term family does not necessarily imply a couple. A single individual who adopts a child constitutes a "family" for this purpose.

The choice of such a child, however, raises a problem regarding the people with whom the family interacts. Any family that includes a handicapped child must learn to deal with relatives, neighbors, and strangers who are likely to have strong reactions to the child's handicap. These reactions range from ignoring the child to being overprotective, from strong disapproval of the way in which the family deals with the child to pity and even pressure on the family to institutionalize the child or keep him away from normal activities and children. These reactions are based partly on the feelings of discomfort and avoidance mentioned above, and sometimes also on the fear that the handicapped child will in some way harm or damage the normal children. In a social setting where such feelings are strong, the biological parents of handicapped children are the objects of pity but this does not protect them from the stigma of having children who are different. If the family has deliberately chosen to accept such a child, they may become a target for the community's hostility. There may be feelings that the adoptive family has betrayed the neighborhood, the extended family, or community by introducing a discomforting element. This is especially true if the child's problems include behavior that is antisocial or disruptive to social relationships. Thus, families who might have the internal strengths to accept such a child may not be able to face the disapproval of friends and relatives. They may have trouble dealing with the way in which strangers react to the family and be unable to tolerate the general community pressure.

On the other hand, many families, either adoptive or biological, find unexpected sources of help in meeting the difficulties posed by their child's handicaps. Organizations and associations formed to help the families of children with specific handicaps may be the means to meet other families who face similar problems. Certainly the idea that a family has deliberately chosen to accept such a child, can realistically deal with its problems, and finds the child a rewarding individual in his own right, might be expected to have some impact on modifying the attitudes of those people who interact with the family.

Realistically, any family that considers accepting a handicapped child must consider the extent to which their resources are capable of stretching to include the demands made by the child's problems. These resources include time, energy and money. They must be realistically evaluated in terms of how they can be utilized along with the resources of the community. Certainly for many families, the drain on the family that the adoption of a handicapped child would entail is enough to deter all thought of such a step. Costly medical procedures, continuous supervision, special equipment, intensive therapy, bed care, traveling to special clinics or schools, all put tremendous drains on the family. Even if the family has exaggerated these demands in their own minds, they may well feel unable to cope.

There is also the emotional drain that coping with such a child's problems may place on the family. Many families are unable to face the frustrations that accompany the failure of their efforts, the fear that the child's condition will worsen, or anxiety that the future prognosis for the child is negative.

In some cases, the community may provide fairly good services to help the family in coping with their child's problems. In other communities, such services are either lacking or very underdeveloped. Of the six states in which the study agencies are located, three have provisions for financial subsidies to adoptive families. These programs are new and some have limitations. Many families are unaware of this possible resource.

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[1] Ursula Gallagher, "The Adoption of Mentally Retarded Children," *Children*, 15 (Jan.-Feb., 1968), pp. 17-21.

For many families, the introduction of a special need is seen as being extremely disruptive to their normal activities. Would they be able to maintain the patterns that provide rewards and satisfactions for the family? What would be the impact on the other children in the family? What strains would be introduced?

It is crucial that we realize that all of these deterrents to the acceptance of a handicapped child are very real in two senses. They are real problems faced by every parent who must come to terms with dealing with a handicapped child. For biological families of such children, there is no choice in the matter except in extreme cases where the families may choose to have the child institutionalized or released to the state. Many families find these problems disruptive and even overwhelming. They would not advise another family to take on such problems voluntarily.

In addition to the actual problems that a family with a handicapped child faces, they may create problems or potential problems in their own minds when considering what such a child would mean to them. Although these fears may be unrealistic, they are true deterrents to the adoption of special need children so long as they prevent accurate consideration of such a child.

Motivation for Adopting A Handicapped Child

As the caseworker sensitizes herself to the difficulties that potential adoptive parents have in accepting a handicapped child, she cannot lose sight of the factors that motivate families in choosing to parent such a child. We asked the workers who described adoptive placements of children with such conditions if the family were originally interested in adopting a special need child, and how their interest developed. Table II lists the more frequent responses. What emerges from these responses is that those couples who adopt handicapped children focus more on the child as an individual and less on the nature of the handicap. This is in sharp contrast to those who adopt healthy infants, for they are seeking a baby—any healthy baby—and their concern for the child evolves as the child develops his own personality after he is in their home. The concern for a particular handicapped child develops in different ways for different families.

TABLE II

How Families Developed Interest in Adopting a Handicapped Child as Reported by their Worker

How Interest Developed	Number of Families
1. Family had experience with handicapped individuals or children in general	63
2. Family developed interest in particular child	23
3. Family felt that they would not be able to adopt a healthy infant	19
4. Family interest developed through mass media or recruitment programs	18
5. Family was uninterested until particular child was described	8
6. Family did not really see the child as different	25
7. Case worker was able to broaden family's limits of acceptance	21
8. Family felt they had unique qualities	28
9. Family had altruistic or idealistic motives	22
	Total 227*

*Some families were included in more than one category as they are not mutually exclusive.

Some families have had personal experience with handicapped individuals. They may have another child with a handicap, or have a friend or relative with a handicap. They may have worked with handicapped individuals or have worked extensively with children. In any case, they are not overwhelmed by the handicap but can more realistically evaluate what it means for the development of the child as a member of their family.

Of the one hundred seventy-eight handicapped children and their adopted families described to us by the workers who had made the placements, we found that twenty of the children were adopted by the foster family that had been caring for them for some time. In another three cases, the family had some previous contact with the child before considering adoption. These families knew the child, had grown to love the child, and had already experienced the rewards of helping the child overcome some of his problems. They felt that the child already was a member of their family and were convinced not only that they could help the child but that they might help the child better than anyone else.

The family had already organized its resources to cope with any extra work involved in caring for the child. They had experience with helping the child fit into the community and had coped successfully with any reactions. Of all the families who adopted a child with a mental, emotional, or physical difficulty, the former foster family of the child would have the best basis for knowing how they could meet the child's needs.

Another eighty children were adopted by families who came to the agency specifically interested in adopting a special need child. These people often had other children or had worked with children. They shared a genuine concern for the needs of homeless children and were interested in using their talents and experiences in helping a child. Sometimes their interest had been stimulated through agency recruitment campaigns, sometimes through a description of a particular child that had appeared in the mass media, or through their involvement with another family that had adopted a special need child. Occasionally the family already had a child with a similar handicap or had been close to a person with a similar handicap. These families were concerned with the child or with children. They saw their family as being helpful in meeting the needs of some particular children. They were not overwhelmed by the handicap as a limit on the child, but rather focused on what they and the child could still achieve.

Seventy-three of the children were adopted by families who came to the agency for a healthy infant but became interested in a special need child after exploring with the workers the children that were waiting. Previous studies of families who have adopted special need children suggest that such parents sometimes feel they received a "second best" child because they somehow did not meet the agency's standards.[2] There is no way of knowing to what extent this is true of the families described in our study. However, the workers reported that these families were similar in their interests and concerns to the families who came to the agency specifically interested in a special need child. That is, they were able to focus on the child and the child's needs. They saw adoption as a process of providing for a specific child and helping that child to overcome his problems, rather than as the acquisition of a child for the family.

Where are the Families?

The above discussion suggests three sources for finding families to adopt handicapped children: foster families; those families who approach the agency for a special need child; and some families that originally approach the agency interested in adopting a healthy infant. Only forty-seven per cent of the handicapped children placed in adoptive homes by the workers in our sample were placed with families that had come to the agency seeking a special need child.

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[2] Fred Massarik and David S. Franklen. *Adoption of Children with Medical Conditions.* Children's Home Society of California. Los Angeles. 1967

To determine how families that choose a handicapped child differ from those who adopt a healthy infant, we asked the workers to describe some characteristics of the last two families with whom they had placed a handicapped child and also the characteristics of the family with whom they had last placed a healthy infant.

Foster families: Traditionally many agencies have been reluctant to consider foster families as potential adoptive families on a routine basis. Workers point out that criteria for selecting foster families differ from the criteria for adoptive families. In the past few years agencies have begun to reassess the potential of some foster families as adoptive families.[3] When the family is meeting the needs of the child, and is willing to accept the responsibilities that accompany adoption, the adoption of the child by the foster family provides a permanent home for the child with no disruption. The foster family has experienced the problems stemming from the child's handicap. If they have developed adequate coping mechanisms, and have come to love the child, the adjustment process following the adoption should be minimal.

Characteristics of foster families differ from those of families who adopted either handicapped children or healthy infants. Foster families tend to be older, less likely to have any education beyond high school, and the husband is more likely to be employed in a blue-collar occupation. They are more likely to have three or more children already in the family, excluding the adopted child and any other foster children in the home. The family income tends to be slightly lower than that of the other families that adopted handicapped children.

Families who were initially interested in adopting a special need child: For families who came to the agency initially interested in a special need child the husband is more likely to be in a professional occupation than the other types of families who adopted handicapped children. Compared to the families who adopted a healthy infant, they are older and have higher incomes. Although their educational and occupational achievement is higher than other families that adopt handicapped children, it is not as high as that of families that adopt a healthy infant.

Families who were not initially interested in adopting a special need child: The families who approached the agency for a healthy infant but eventually decided to adopt a handicapped child tended to be older than those families who were initially interested in a special need child. They tend to fall between the foster families and families initially interested in special need children in terms of education and occupational status. These families were less likely to have problems following the adoption than others who adopted handicapped children. They differed from the families who adopted healthy infants in being older, less well educated, and in lower status occupations.

Helping Families Decide

When a worker begins working with a couple who might eventually provide an adoptive home for a handicapped child, there are several areas she must explore with them. The motivations and deterrents to such an adoption provide a partial outline of some areas she will want to cover. Certainly she will want to help them uncover their feelings about the nature of various handicaps, the limitations the handicap puts on behavior, and the potentials of individuals with that handicap. Studies[4] suggest that although there are families able to consider adopting a child with almost any handicap, any given family is only able to accept a narrow range of handicaps.

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[3] Emmet K. Turner, "A Proposed Foster and Adoptive Family Development Process." Paper presented at the Regional Meetings of the Child Welfare League of America, Toronto, 1973.

[4] Donald E. Chambers, "Willingness to Adopt Atypical Children," *Child Welfare* 49 (May, 1970).

For the worker to be effective in helping the family explore and come to grips with their feelings—sometimes feelings they will find uncomfortable or shameful—she will have had to work out her own feelings of repulsion or rejection of individuals suffering from particular handicaps. A worker who feels that a child is basically unworthy of love and engenders feelings of rejection in herself, will be unable to realistically evaluate a couple's feelings and attitudes toward the same child. It may well be that some workers will not be effective in placing children with particular handicaps. Certainly they will be more effective if they can face their own feelings and attempt to see the child as a child rather than in terms of his handicap alone.

The above examination of the characteristics of families who chose a handicapped child suggests that workers and their agencies may want to make sure that not only are they flexible in the criteria they look for in families, but that they are careful not to discourage families with lower educational and occupational achievement who are perhaps less verbal or less communicative in their concern for a child or what they hope for in a child. These families may be older and more likely to have had parenting experience. Some of the ways in which the worker can help these families choose the child they can best serve are explored in the following chapter. However, detailed exploration of a family's strengths can only proceed after the family has been reached by the agency. Ways in which the agency can reach out to potential families and encourage them to come to the agency, both in the agency's own community and in others are explored in Chapter VI.

Chapter IV

EXPLORING ADOPTION TOGETHER

When a family approaches the agency, two basic areas must be explored:
1) Are they ready for adoption?
2) What type of child can they best parent?

Worker and Family

The relationship between adoption worker and applicant has traditionally been one in which the couple supplies information to the worker. The couple answers questions and engages in appropriate behavior to demonstrate to the worker that they meet agency standards. The worker sits in judgment as to their value as potential parents.

Those workers who are concentrating on finding families for children with special needs indicate that traditional screening processes and certain types of information requested from the family are not only inadequate for matching the needs and abilities of the family with those of a particular handicapped child, but may actually discourage the applicants from continuing with the agency. These workers feel that a more effective way to find families for these children is to work with the potential parents in reaching a mutual decision about their ability to parent a particular child. The relationship is shifted from screening applicants, with the worker making the decision, toward exploring adoption together to the point at which the couple decides they can or cannot meet the needs of a particular handicapped child. In establishing this type of relationship, the worker acts as counselor instead of judge.

If the potential parents do not already have a particular type of child in mind, the exploratory process begins with the worker providing information about the types of children available, describing particular children on her caseload, when appropriate, or exploring the types of children listed on one of the adoption exchanges. In discussing the characteristics and needs of these specific children, the potential parents begin to explore with the worker and with each other how their own abilities and strengths match the needs of each child presented.

The emphasis in on identifying family strengths and the ability to parent a particular child. This is essential, since the needs of handicapped children differ greatly from child to child. Unlike placing healthy infants, who have generally similar needs, or whose specific needs are relatively unknown, finding the right family for a particular handicapped child demands that the worker know the specific needs involved and share this information with the potential parents.

It is at this point that the adoption worker must come to grips with her primary function. Is her task that of finding families for children in need, or finding children for families? Although these are not mutually exclusive, the difference in emphasis may have a crucial impact in the number of handicapped children the worker can place. When the worker sees the family as her primary client, she finds herself seeking children who will meet the needs of her families. When she is assigned a caseload of children and sees her primary responsibility as finding homes for these children, the worker will then view families from the perspective of whether they can parent the children who wait. If the worker knows these children and has developed affection for them as well as a recognition of their needs and strengths, she will much better be able to communicate these to a family. She herself will understand the positive contributions the child can make to a particular family.

Sharing Information

As the exploring continues and the couple focuses upon a specific child for whom their parenting abilities seem suitable, the worker must consider how much information about the child's history should be shared with the family and how it should be handled. The amount and quality of information available in a child's records varies considerably. Workers ask whether they should communicate negative information that may not have much relevance for the development of the child but may color the family's relationship to the child or become a burden to the child if the information is passed on to him. When a child is the product of an incestuous relationship, when there is reason to think that reports of his behavior are exaggerated, or that diagnostic labels may be inaccurate, should these be shared with the family?

Withholding information may result in problems for the family that could have been avoided by a better understanding of the child's background. The family may be unprepared for behavior that might have been anticipated. Perhaps most seriously, the family may feel the agency has been dishonest with them and misrepresented the situation. Part of the sharing of information may be the admission of how little is known about the child and his history.

There is little agreement among workers as to the best answer to the problem of sharing information. Some alternatives being used range from summarizing the child's records for parents to giving the potential parents the complete folder to study for the weekend. The family who receives the child's complete record is then requested to sign a statement saying they have read it. This sharing of information prior to adoption can be extremely important when problems do arise after placement, since parents can feel the agency has shared all available information and that they have not been misled.

Adoptive parents do not always want to know the child's complete history. Although some parents want to know everything and be absolutely sure that nothing has been held back, others would rather know only as much as is absolutely necessary for the child's well-being. They can then approach the child more openly and discard any labels that have been placed on the child previously. These couples feel they can cope with problems that may arise, and would rather not worry about problems that may never develop. They feel too much information may lead to underestimating the child. The worker must explore with the couple what kinds of information about the child will be most useful to the parents and then provide as much of the information as is available—holding back none that may be important for the care of the child.

Adoption Worker as Counselor Rather than Judge

The role of the adoption worker in finding families for handicapped children should be that of counselor rather than judge. For the past two decades, the primary orientation of adoption workers has been related to placing babies with infertile couples who wanted a family. The worker's role was to carefully screen the prospective couples to make sure they would be suitable parents. If there were more couples than babies, careful screening and rigid standards were possible. Even when there were more babies than couples, standards were maintained. When an adoption did not work out and a baby was returned, the worker making the placement felt she had made an incorrect assessment of the family's potential to be parents. Most workers felt uneasy about their ability to make correct assessments and continuously sought to improve their techniques. While workers may always feel some need to determine the suitability of a couple as parents, the task of finding families for handicapped children should help the adoption worker minimize the judgmental role in favor of helping families discover their strengths and abilities for parenting a particular child. Thus, the worker's role expands to help the family use these strengths and abilities in the development of the family.

The role of counselor is one for which the adoption worker has been trained and with which she feels at ease. It utilizes her professional training and maximizes the help she is able to provide both child and adoptive family. For those families who decide not to adopt, this approach allows them to feel comfortable with their decision.

For the worker to be able to use this approach, she must get to know the child and his needs. She must explore with each prospective adoptive family their strengths, abilities, and needs so that these can be matched with those of a child who is waiting. Sometimes there will be no child waiting whose needs match those of the couple and the couple will decide against adoption at this time. When this happens they will feel that they are suitable parents for some child, but not of one that is currently waiting. When the worker makes a unilateral decision about the ability of the couple she leaves them feeling they are unsuited for parenthood.

Group Processing: Sharing with Other Potential Parents

With the increasing number of applicants for adoption—most of them seeking healthy infants—and the increased need for time to be spent recruiting families for special need children, many agencies have begun to use group meetings to orient potential adoptive parents. Some are beginning to use groups at each stage of the adoption process. These agencies have found that groups are effective in letting potential adoptive parents explore their strengths and abilities through discussion with other potential adoptive parents. Examples of the benefits to be gained from group meetings include focus on a wider range of potential problems and possible solutions. Since some of the couples are already parents, they can provide others with first-hand experiences. In this setting the worker is no longer judge but a resource, guiding the discussion as an exchange of ideas among peers.

Not all groups have been successful. When there are wide differences in education or verbal skills among the group participants, some members may feel threatened. Some people find it difficult to express their feelings in group situations, even though they have many strengths and the ability to parent many types of children. Some workers find they have few skills in running groups sessions, while others find groups can go far beyond the traditional interviewer-interviewee situation in helping couples make decisions about adoption. Many agencies have not tried using groups or have only begun, while some are using groups exclusively at every stage of the adoption process. However, most agencies indicate it is most effective to let couples choose whether they would like to meet privately with a worker, enter into the group exploration process, or combine the two.

The Role of Agency Alumni

Some agencies are beginning to utilize the experiences of families who have already adopted a handicapped child. These "alumni" parents have experience in several areas of concern to potential adoptive parents of a handicapped child. They bring a different perspective to the process. Their involvement in every stage of the adoption process can make a significant contribution. Specifically, they are familiar with agency procedure in a role that the adoption worker has seldom experienced. They are already parents, many of them biological parents as well as adoptive parents, which allows them to answer questions about parenting from a practical and day-to-day perspective. The alumni parents have also faced the joys and hardships of welcoming a child with a special need into their family and community, and can share this first-hand experience with the potential adoptive parents.

Agencies are using alumni parents in the adoption process in many ways. Few agencies have a large enough alumni group to involve them at every stage, but when we consider the agencies in the six states of our study, we see that parents are making outstanding contributions to finding adoptive homes for waiting children. The following are some of the ways adoption agencies have told us they are successfully involving parents in their programs.

One agency has volunteer parents answering the telephone. As a result, a prospective adoptive couple's first contact with the agency is with someone who has successfully gone through the adoption process with that agency and can answer questions from the potential parents perspective. Furthermore, describing the children waiting for homes, and sharing personal stories about their own adoptive child, leads those considering adoption to think of choosing a child with a special need.

Other agencies have found that having an alumni couple make a home visit at an early point in the adoption process is extremely helpful. At this point, the prospective adoptive family knows something of the children available. They often have a great many questions about what adopting one of these children would be like, and whether or not they are suited to parent such a child. Given all the questions and reservations that are usual at this stage, meeting with a couple who has already gone through the process, in the comfort of their own home, allows many families to open up and ask the questions that are really on their minds. Once the questions are openly expressed, meaningful answers and alternatives can be explored.

While only a few agencies have alumni parents taking intake phone calls or making home visits on a routine basis, several agencies reported that they have a list of alumni parents who are willing to invite potential adoptive parents to their home for coffee. This gives the prospective adoptive couple a chance to ask questions and to see what a home with a handicapped child is like. If the exploring process has proceeded to the point where the potential adoptive couple is interested in a particular child, letting them meet with a couple who has adopted a child with a similar condition provides for an even greater exchange of information.

Another way in which many alumni parents have made substantial contributions in finding homes for waiting children is through in-service training sessions and conferences for child welfare workers. In talking with workers about workshops and conferences they have attended, the majority agree that the lasting impressions and the most useful information often come from the adoptive parents who participated. There are several reasons for this.

Alumni parents have experience as parents, and especially as parents of a special need child. Sharing their experiences gives the workers useful information about specific handicaps and their individual problems. There is limited focus on child growth and development and on the specific needs of diverse handicaps at most schools of social work; thus, most workers have only limited expertise in these areas. Their experiences with the agency and as parents themselves provide some additional knowledge. Talking with alumni parents helps fill in gaps.

Alumni parents often provide important feedback on the adoption process and help workers continue to improve the services they provide. Once the adoption is completed many parents talk more freely about the trouble spots in the adoption process.

The participation of alumni parents in in-service training workshops communicates the feeling that these parents experience real joys in parenting and that most families with a handicapped child are happy and well functioning. This strengthens the worker's determination for greater effort in finding families for the children that are still waiting. A great many alumni parents are verbal and competent. They like to help and have real commitment to finding homes for children. They generate an enthusiasm that encourages both workers and other parents.

New Roles for Foster Parents

Some agencies indicated they were re-examining the roles of foster parents in caring for handicapped children, in an attempt to redefine and clarify these roles. Most agencies still face problems in finding enough foster families to care for handicapped children. Some agencies are beginning to use foster families to provide additional services for adoptable handicapped children including preparing the child for adoption and helping to provide a smooth transition in moving the child to his new home. They recognize foster parents as key service delivery people to the child while he is awaiting adoption. Rather than seeing the foster family as only a temporary caretaker of the child, while the agency makes all decisions, the trend is to involve the foster family as members of the agency staff in the evaluation of the child's particular needs and in preparing the child for his new home. The agency recognizes the difficulty for the case worker to do more than supervise the service delivery to the child. The demands of her many other roles and the large number of children she serves makes it difficult for the worker to find enough time to discuss with the child his needs and to answer questions about his future. It is unlikely that she would be around when the child raises such questions. On the other hand, when the foster parents are involved in the plan for the child's future, they are available to answer the child's questions whenever he raises them. They can record his needs as he makes them known. This redefinition of the role of foster parents to include delivery of child services may call for new recruitment procedures for foster parents and it certainly demands in-service training. It may also involve new methods of remuneration and additional costs to the agencies.

Foster parents are also helping to prepare prospective adoptive families for life with their new child. Some agencies involve foster parents in the same ways they use alumni adoptive parents. The prospective adoptive parents discuss handicapped children with foster parents in an attempt to understand what kinds of problems they might expect. Other agencies have the foster family work with the adoptive family concerning the particular foster child. The foster family knows the child's likes and dislikes, his fears and special needs. They have the greatest detailed information about the child's recent behavior. This can be of great help in the transition between foster home and adoptive home.

Some adoptive parents want a complete break with the child's past. They are fearful that contact with the foster parents will slow the integration of the child into their family. However, workers are beginning to find that for many handicapped children a complete break with the past is impossible, since they are usually old enough to remember details of their former family life. Such complete discontinuity may be detrimental to the child. Thus, workers are encouraging adoptive parents to communicate with the child's foster parents. If foster parents are seen as part of the agency staff, adoptive parents might find it easier to work with foster parents as well as with the caseworker to facilitate the child's transition to his new family.

Utilizing Handicap Associations

Since many workers have little knowledge of many specific mental, emotional, and physical conditions characteristic of the children on their caseload, they find it useful to have the prospective adoptive family contact a member of an organization or association that is organized to help the families of individuals with a particular condition. Such organizations as Mothers of Mongoloids can provide the adoptive family with answers to the many questions that normally occur to couples considering adopting a handicapped child. The organization can also function as an ongoing resource and as a source of emotional support for the adoptive family once the child is part of their family.

If a worker draws on all the available resource people during the exploration process, she should be successful in aiding a couple to reach an appropriate and wise decision about adopting a given handicapped child. Alumni adoptive parents, foster parents, and parents and professionals in associations geared to serve those with various handicaps should be able to provide a realistic picture of what the family might expect, provide them with answers to questions about the adoption process, and help them determine what family life with a handicapped child might be like. Certainly the unanticipated will occur, but these resource people will have prepared the family and can provide the necessary linkages with resources to be used when the unexpected does arise.

The Role of the Physician

Usually at some point in the exploration phase the prospective adoptive parents will be advised to talk with their family doctor or pediatrician about the mental, emotional, and physical conditions of the child they want to adopt. The medical doctor can aid tremendously in helping the prospective parents assess the various potentials of the child and the extent of special care or treatment the child will need. The physician should be utilized as another resource to help the prospective adoptive family develop a realistic picture of what their family life will be like after adoption.

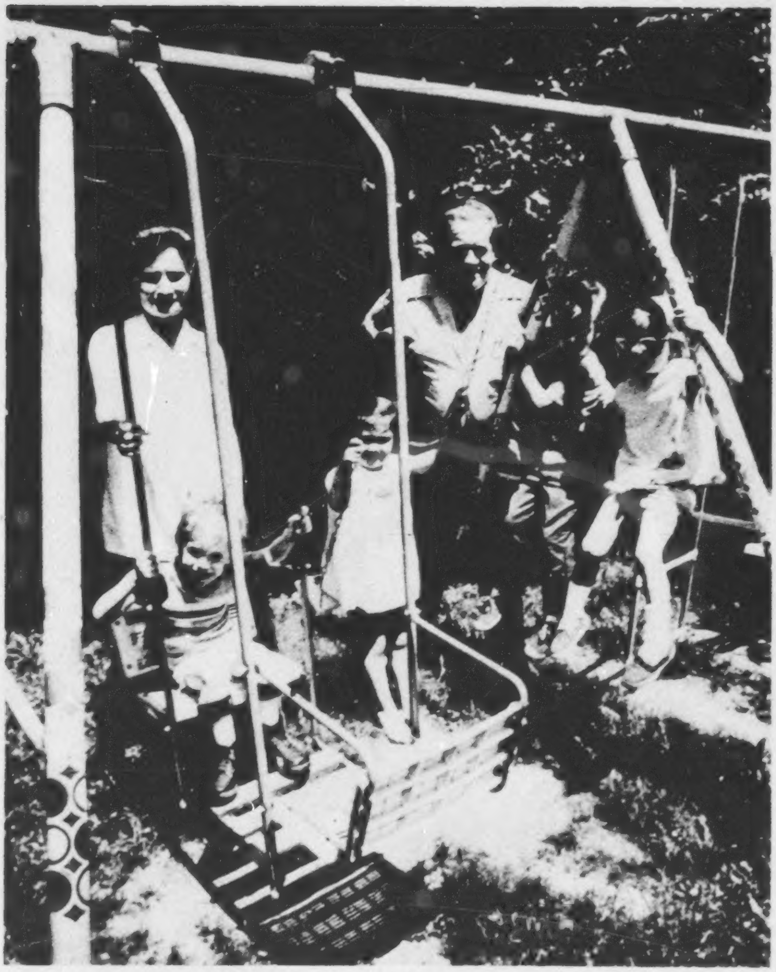
Workers report that some physicians find it difficult to understand how any family would voluntarily take on the care of a handicapped child, especially one with a severe condition. Early in our study several workers told us about couples who had been dissuaded from adopting a child by their physician. These doctors focused not on the needs of the child for care or treatment, but on the potential of the child to disrupt family life and the way in which the community would react. It was clear in talking with workers that they had explored these possibilities with the family and felt the family had successfully resolved the issues. The family physician presented the couple with an extremely negative picture and was vigorous in his attempt to dissuade them from adoption.

We asked workers in the six states to discuss the role of physicians at various stages in the adoption process. While most indicated that the physician's role was important in helping a couple to assess the desirability of adopting a specific child, almost all the workers reported instances where they felt the doctor had gone beyond his field of expertise to dissuade the couple from adopting. The concern of the physician was neither the condition of the child nor the particular characteristics of the couple, but seemed rather to focus on the inadvisability of the family taking on additional problems. These physicians seemed unable to focus on whether the family could provide for the child, but focused on the departures from normal life that the child and his condition might engender.

Some physicians seem to have the same problem that some child welfare workers have when finding families for handicapped children. That is, understanding that their strengths, abilities, and needs are not the same as the prospective adoptive family's strengths, abilities, and needs. Some doctors, like some workers, have a hard time realizing that even if they would find it difficult to parent a child with a particular condition, there may be families who could and would do a good job. Some doctors feel that families would be disrupted by the adoption of a handicapped child because they cannot imagine their own family coping, or because they have seen other families that were disrupted by the problems of a similar child. They attempt to dissuade any family from adopting a handicapped child. The worker in some communities may have to establish a list of pediatricians who have a wide view on the adoptability of handicapped children and refer prospective adoptive couples to these physicians. She may need to caution families about the perspective from which many physicians work.

Summary

The role of the adoption worker during the exploration phase of the adoption process consists of (1) making known the needs of waiting children to prospective adoptive families; (2) helping these families discover their strengths, abilities, and needs, and (3) aiding in preparing the child and family for their new life together. In carrying out her role during the exploration phase, the adoption worker coordinates all available resources for answering the many questions of prospective adoptive parents. Specifically, she involves groups of prospective couples in discussion sessions, alumni parents who have already adopted through the agency, foster parents, specialized organizations and associations concerned with specific handicaps, and medical doctors to counsel the prospective adoptive families. Having aided the couple in making their decision to adopt a handicapped child, and helped the family and child prepare for the adoption, the worker then directs her attention to helping the family adjust to each other and their community during the first year of the adoption.



Bobby, four years old, is the latest addition to this family in which all of the children have been adopted. Carol, five, Danny, four and Dianne, three, are also pictured. Their sixteen year old sister was away at a camp for special children. This family is also a foster family.

Chapter V

HELPING FAMILIES COPE

After the child is placed in an adoptive home, the agency retains a legal responsibility supervise the placement. This responsibility varies by law from six months to two years in m states. In one of our sample states the length of the supervisory period is left to the discretion of the agency and the court.

Traditionally this period has been one in which the worker and family seek different goals. The professional worker recognizes that the new relationship involved in any adoption requires a period of adjustment and sees her role as that of counseling the family in this adjustment process. The family is more likely to view the worker's role as that of an evaluator. They fear that if they do not measure up to her standards, she might remove the child from their home. Thus, rather than using the professional expertise of the worker to help in coping with whatever problems arise, they may deliberately hide any problems lest they be judged inadequate as a family.

When the family has adopted a healthy infant, the failure to work through their feelings and problems with the worker may result in trouble later. When the family has adopted a child with special problems, the need for the worker to deal sensitively with the family's feelings and problems of adjustment becomes even more crucial. Although the family may have more difficulty in repressing problems from the worker than if they had adopted a healthy infant, they may still fear that frank discussion of their feelings and difficulties may result in the removal of the child from their home. The family's need to protect their own feelings of adequacy may result in their using the child and his problem as a scapegoat for other problems that may surface with the introduction of a new family member. They may blame the worker and the agency for inadequately preparing them for the problems they are facing.

Service Contract vs. Money-Back Guarantee

The worker, within agency policy guidelines, must specify for herself what is the purpose of the supervisory period. With healthy infant adoptions there were two bases for disrupting the adoptions: the family proved unfit to care for the child, or the family was unhappy with the child. Since these were relatively rare occurences, the workers have often used the post-placement visits as an opportunity for the parents to reassure the worker that all was well. If unanticipated problems were found with the child—such as an unanticipated mental, emotional, or physical condition, the adoptive family could return the child to the agency with the hope of adopting another child in its place.

When dealing with children with a known handicap, the worker's role in post-placement supervision is somewhat differently defined. Since problems are anticipated, her role is to help the family develop adequate coping techniques rather than to make an arbitrary judgment as to whether the placement should remain intact. The worker's job is to provide the family with continuing service until satisfactory adjustment is achieved rather than to remove the child from the family if all does not run smoothly.

The worker who takes seriously her obligation to provide the family with continuing service, and views the healthy adjustment of the entire adoptive family as her goal, uses her training and experience to insure that the family will feel comfortable enough with her to discuss their problems frankly. She reassures the family that their problems are typical of adopting families and not the result of their own failures. She often helps the family identify their feelings even before they are willing to admit to such feelings. Several of the workers to whom we talked mentioned one or more of the following plans to increase the effectiveness of the supervisory period in aiding the family in their adjustment.

Pre-placement Relationships

The family who has come to know their worker as a warm human being willing to accept their humanness, and willing to deal with them on an equal footing, has probably developed a relationship in which they will feel more free to discuss their problems and feelings. If the worker has approached them as equal partners in deciding whether the adoption of a particular child is the best course for their family, then they are more likely to feel she will understand and respect their interpretation of the situation. They will be less likely to feel she is in a position to punish or threaten them. If the worker has indicated her recognition of problems inherent in the situation they are approaching, they will be less likely to hide these problems from her as an indication of their own shortcomings as parents.

One of the problems many agencies face is high turnover of workers. This means there is a high probability that the family will not have the same worker from the beginning of the home study through the post-placement supervision period. When this happens the rapport established between the family and the original worker may not be reestablished. Agencies should be aware of this problem, and when it is necessary to replace a family's caseworker, the transition will be easier if the adoption workers are functioning as a team.

Some agencies have developed this cooperation by routinely using staff meeting times to share ideas about particular cases; using a team of workers on some cases; and encouraging workers to freely exchange cases when another worker has special expertise or interest. Since guidelines for workers to use in seeking a family for a handicapped child are still relatively undefined, a team of workers can often make a better assessment of a family's strengths. To the extent that the family is atypical of other families with whom the agency deals, one of a team or workers is more likely to be able to establish a closeness with them. Dealing with a number of workers may help some families interpret agency policies as reflected by the workers, rather than viewing the process as a reflection of a particular worker's personality. In addition, if each worker on the team knows the child and is familiar with his problems, dealing with several workers may give the family a better picture of the child's situation and a better basis for deciding whether they can accept him. Finally, if one of the workers leaves, the family still has someone with whom they feel they can deal with honestly.

Whatever course an agency takes in the pre-placement phases of the adoption process, this will establish the basis for the effectiveness of the home study. If the family perceives the agency and their workers as sympathetic, if they understand that problems are a normal part of the process, and if they view the agency as helpful, they will be more able to use the agency's services effectively during post-placement supervision.

Post-placement Services

The worker dealing with the post-placement problems of a family that has adopted a handicapped child must help the family sort out several different types of problems: those associated with children in general; those associated with the process of adoption in general; and those associated with their own child's particular condition. Even when a family has several children, they may not be fully aware of the range of behaviors typical of children. They may view unexpected behavior as having arisen from the nature of his handicap or from the process of adoption. This is even more likely when the family has limited parenting experience or when the child is older and brings his own developed personality, behavior patterns, and former habits into the family. Many families are unaware of what to expect at different developmental stages and may view common behavior patterns as an indication of their inability to cope.

The literature on adoption has stressed the impact of adoption on a family and the importance of the family's "recognition of the differences"[1] in helping the child come to grips with his adoptive status. Most adoption workers are aware of the feelings that the adoption process engenders for both family and child. They may even find that the family which accepts a special need child is more able and willing to come to grips with these problems than the family that adopts a healthy infant as a substitute for a biological child.

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[1] David Kirk, *Shared Fate*. Free Press of Glencoe, London, 1964.

Since by definition the child with a mental, emotional, or physical problem has special needs, the worker must help the family cope with the child's special problems. She must help them develop realistic expectations for the child. She must also help them locate special resources to most effectively meet the child's needs.

Family Relationships

It is most important that the worker accept her own limitations in dealing with the family. She must be aware that families differ and able to recognize the value of a family's coping techniques even though they are not the ones she would have chosen.

Many of our workers reported that parent groups can be specifically helpful in this area. Some agencies use group supervision as one of the ways in which adoptive families of special need children can share their concerns, discover that their problems are not atypical of parents adopting similar children, develop new coping techniques, and even be reassured that they are better off than other families. One of the agencies convenes group meetings of the older children in which they can work out their feelings about adoption, concerns about what it means to be living in a family, and feelings of fear of rejection by the new family.

Establishing Contact Between Family and Community

Although the typical adoption worker cannot be expected to have detailed knowledge of community resources available to and most appropriate for every specific handicapped child, she must take responsibility for helping the family find these resources, and perhaps removing some of the roadblocks to the family's utilization of such resources. There are several areas which should be explored even before the child is placed with the family.

Medical, educational, and counselling facilities: Most children with a mental, emotional, or physical problem will need specialized use of one or more of these services. The worker and family will want to explore the availability of these services in the community, along with the availability of additional services the child might need in the future. The cost of the needed services, the availability of financial aid to the family, the feasibility of transporting the child to the services, and the necessity of other members of the family working with the professional staffs of these services to maximize the child's ability to use them. If the needed services are not available, the worker will want to explore the nearest available facilities and the feasibility of the family's use of distant facilities.

Associations to serve the handicapped and their families: These organizations and associations may provide many services to the family that chooses a handicapped child. The worker may find that participation in such associations will provide her with much greater appreciation of the exact nature of a particular condition and the coping techniques that families with such children develop. For the potential adoptive parents, the organization will provide them with an opportunity to discuss with other parents not only the general outlines of what it means to parent such a child, but the actual day-to-day problems and joys such a child brings to the family. The members of the organization can provide the family with a realistic view of the potentials of the child, with practical hints on how to handle special difficulties, and a realistic picture of what they will face.

Once the adoptive family has the child in their home, the organization can continue to provide supportive services and information to the adoptive family, and be a means for the adoptive family to work with similar families in establishing better community services and understanding.

Adoptive parent groups: Groups of parents who have adopted through a particular agency, who are living in the same community, or who have adopted a particular type of child are becoming fairly widespread. These groups may provide a wide range of services such as meetings to discuss what adoption means, informal conferences with adoptive parents, social functions for adoptive families, organized lobbying for improvement in adoption laws and community education, and even as a forum for broadening the understanding of agency staff. Many of the families in such organizations are willing to volunteer a large block of time to work in many ways to assure that all children who wait find homes.

Discontinued Placements

The satisfactions of a good adoptive placement provide a large measure of the basic professional rewards of every adoption worker. But what about the placements that fail? Most workers are sensitive to the way in which a discontinued placement may provide additional trauma for a child who has already experienced rejection. They are aware that the adoptive family suffers feelings of inadequacy in a crucial area of their life when an adoption is broken. The worker may experience feelings of professional inadequacy. The cost of discontinued placements may make some workers especially cautious in placing children whose special needs may increase the probability of the family being unable to keep the child. The worker weighs the risk that a broken adoption may increase the child's problems against the benefits for the child of a stable family life.

Some workers who have placed children feel that others may be too cautious, that they may exaggerate the probability the placement might fail and the consequences of the failure. They suggest that these fears may hinder workers from making successful placements. They also suggest several areas workers may want to consider in order to overcome some of these fears.

First, workers may have to expand their notion of a "successful" placement. Those workers who have placed mostly healthy infants may assume that the only successful placement is one that replicates as closely as possible the middle-class biological family. Workers seeking homes for any child may have to explore the various ways in which different types of families are able to provide a loving and healthy environment for children. Workers seeking homes for children with special needs have to realize that for some such children it may not only be impossible to replicate typical family life styles, but, because of their needs, actually undesirable to even attempt such a replication. Often the best family situation for such a child may be one in which the worker herself would be uncomfortable.

Second, the worker might examine her beliefs in the ability of the clients, the child, and the adoptive family, to grow and to cope. She may have to reexamine her role as a helping professional to make sure that the services and aid she is providing have not led her to believe she can judge what is best for others. She might review the professional literature that demonstrates the tremendous ability of human beings to come to grips with adversity and to develop healthy lives despite many problems.[2]

Third, the worker might reexamine broken placements to see if the results are entirely negative and search for positive consequences. When a broken adoption leads to a better placement for the child because of what is learned about the child and his needs, the broken adoption may be viewed more postively.

A speical conference on discontinued placements in Lansing, Michigan suggests that one of the most important factors in broken adoptions may be inadequate preparation of the child. Whatever the child's age, he should be prepared for the adoptive placement to his level of ability to understand what is happening to him. His feelings toward his biological and foster family must be taken into consideration and he should be encouraged to discuss them. What the changed environment is likely to mean to him and the way in which he can expect his new family to relate to him should be explored with him.

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[2] Alfred Kadushin, *Adopting Older Children*, Columbia University Press, New York, 1970.

Regardless of the care taken in preparation of both child and family for placement, some will always break. These discontinued placements will be less tragic if the worker can help the child and family cope with their feelings and accept the situation with minimum guilt and anxiety. The discontinued placement will be less tragic if it becomes the vehicle for a better placement for the specific child; it can be used as the basis for increasing our knowledge on what is needed for both child and family to increase the probability of a good placement.

Elizabeth, ten, Judy, seven and their mother, who is an occupational therapist, make up one of the increasing number of single parent families. Elizabeth was adopted in 1970 and Judy in 1973.

Chapter VI

POLICY IMPLICATIONS FOR AGENCY, COMMUNITY, AND STATE

The previous chapters have demonstrated some of the ways in which the worker can help the adoptive family choose a child with a physical, mental, or emotional problem and help them adjust to such an adoption. The worker's task can be facilitated by modifications in agency policies and practices, community education, and state laws. The following suggestions for such modifications come from the workers in the study and from analysis of current practice in some locations.

Agency Policy Modifications

Recruitment: Traditionally agencies have restricted their search for families to the applicants of the agency—most of whom are seeking a healthy infant. As the emphasis has shifted to finding homes for special need children, many agencies (fifty-six per cent of the agencies in our sample) have begun outreach programs to the community through the use of the mass media, speakers at local citizen and church groups, and the use of adoptive parent groups. These outreach programs emphasize the need for homes, the types of children available, new flexibility of criteria, and sometimes descriptions of specific children.

Many people are unaware of the number of children waiting for adoptive homes. They may have heard of the long waiting list for healthy infants and assume that most children are placed. Many people have friends or relatives who were unable to adopt and feel they themselves would not meet stringent agency standards. People who might have room for one more child are not aware that there is a child who needs their home.

Since most people find adoption an interesting topic, workers have told us that they have little difficulty getting invitations to speak to a wide variety of groups. Some groups are willing to help the agencies further by financing posters, holding picnics for interested couples, or loaning their facilities for meetings. The mass media is often willing to feature stories on families who have adopted special need children or on special programs the agency has developed to place such children. Educational television has taped discussion groups and seminars in which parents who have adopted special need children discuss the joys and problems such children have brought to their family. Newspapers, radio, and television have all donated space for agencies to describe specific children including the child's picture and the type of family he needs. Such spots are especially effective in demonstrating that these are real children who might fit into a particular family.

Agency intake practices: Interesting families in a particular child or in special need children is of little use unless the families' inquiries to the agency are met promptly and courteously. Too many families have told us that their initial contact with the agency discouraged them from continuing their application. All applicants to the agency must be seen as potential parents of a handicapped child. If applicants are abruptly informed that the agency is no longer taking applications for infants or that there is a long waiting list, many potential families for special need children will be lost and others will never call.

The agency can arrange to take the names of all applicants. As soon as possible after initial contact, the family should be invited to participate in a discussion about the kind of child they might parent. Since individual interviews might put too heavy a burden on agency resources, many agencies are using group meetings for this process. Others are sending adoptive parents to visit the family. In one county, the four local agencies hold a joint orientation for interested families. A worker from each agency describes her agency's policies and the children available at the current time. Sometimes an adoptive family will discuss their own experiences. This allows the potential family the opportunity to begin exploring what kinds of children they might parent in line with the types of children that are available, and to choose to work with the local agency that is most likely to be of service to them. Such orientations must be handled skillfully so they do not degenerate into a bemoaning of the short supply of healthy infants, instead of encouraging families to expand their own parenting ideas.

Foster Families: Whenever a child with a mental, emotional, or physical problem is making a satisfactory adjustment in his foster family, and there is no plan for his return to his biological family, the worker should explore the possibility of adoption with that family. Many foster families are aware that they could not meet the old criteria for adoptive families. Some have promised the agency that they would not attempt to adopt a child placed in their care. Others are afraid that if they attempt to discuss adoption of a particular child, the child would be removed from their home. Sometimes foster families who are not themselves in a position to adopt may know of a neighbor or relative who knows the child and would be interested in adopting him. The worker's role is not to force the foster family into accepting a responsibility for which they are unprepared, but to explore with them their feelings about such a move. If they have doubts about their ability to meet some of the obligations of adoptive parenthood, the worker can sometimes help find resources to support them in this step.

In-service training: The data on workers' attitudes toward the extent to which a particular handicap is likely to prevent a child from being placed in an adoptive home suggests that many workers might try harder if they could expand their own ideas as to the probability of finding families for such children. Many workers indicated they felt they needed additional training in the specific behavioral and medical consequences of particular types of handicaps. They also indicated they did not have the resources or training to make them fully aware of the community facilities and resources available to families of the handicapped.

Since the foster care workers were more conservative in their feelings that a specific handicap would prevent adoptive placements, they would benefit from such training and be more willing to work toward freeing a child for adoption when there is no possibility of returning the child to his biological family. Appendix A presents some questions that might serve as a starting point for staff discussions. In addition, agencies might invite speakers from various organizations, medical people who work with the handicapped, and some of their own adoptive families to share their experiences.

Cooperating with other agencies in the area: There are many ways in which workers from different agencies can cooperate to improve the services of all the agencies in the community. This may be most important for small agencies with limited personnel, but even in metropolitan areas cooperation between agencies will broaden the workers' perspective and may lead to new insights.

The way agencies might work together on group orientation sessions is described above. They might also consider inter-agency training sessions for workers, joint recruitment programs, and discussion of practices other agencies have found successful. Agencies in a given community might set up an informal adoption exchange so the children in one agency can be available to families who may have applied to other agencies.

Changing policy statements: Many agencies are still distributing policy statements and adoption information that includes strict criteria for judging the characteristics of adopting families. Obviously the agency cannot ignore state adoption laws where these apply—although they may try to have the law modified when it is preventing good placements. All too often these policies have not been reevaluated to consider the way in which the conditions outlined might influence the ability of a couple to parent. Such criteria as number of biological children in the family, age of parents, and length of marriage may exclude families from consideration when they would be excellent parents for a child with few alternatives. Even when agencies have a policy of greater flexibility for families who will accept a special need child, written policy statements may discourage families from trying.

Finding Families in Other Communities

Since the child with special needs often needs a special family, there is always the possibility that there will not be a family for a particular child in any given community. Especially in smaller communities, the number of families willing and able to accept a child with a particular mental, emotional, or physical problem might be limited. This situation is further complicated where there few facilities available to treat the child's condition.

When this occurs the worker may look to other agencies and to the adoption exchanges to help her find appropriate families. If an agency has several branches, it probably already has procedures by which children in the care of one office can be matched with families studied by another office. Too often these procedures are limited to matching infants with couples. When the worker has a handicapped child on her caseload, simply writing a brief paragraph describing the child is seldom sufficient to interest another worker in suggesting this child to one of her families. These procedures will be more effective if they include an opportunity for the worker who knows the child to express in person her conviction that he is a desirable child for some family.

Adoption Exchanges: Many states have established adoption exchanges that list children for whom a particular agency has been unable to find a suitable placement and/or families willing to accept special need children. In addition many of the agencies in our sample participate in The Adoption Resource Exchange of North America. ARENA disseminates information about specific adoptable special need children and available families to participating agencies throughout North America. As a result of their efforts, 1155 registered children had been placed as of December, 1973. In general, the states registering the largest number of children were not the states where large numbers of children were placed. ARENA placements not only cross state lines, but often cross regional lines.[1] ARENA registration provides the widest available opportunity for finding appropriate placements for children and families. Some states automatically register a child on ARENA after he has been registered on the state exchange for a given period.

Governmental Policy Modifications

There are several types of legislation that would increase the opportunity for handicapped children to find adoptive homes.

Subsidized adoption:[2] Three of the states in which the agencies we studied were located have passed subsidized adoption legislation. As of May, 1974, thirty-three states had passed such legislation. Although different states vary in their provisions, there are two major types of legislation—medical subsidies and maintenance subsidies. Medical subsidies usually provide for the state to continue to meet all of a child's medical treatment expenses arising from the medical condition in existence at the time of adoptive placement. Since these expenses may be considerable, such legislation increases the number of families that can choose to parent a child.

Maintenance subsidies arouse more controversy. Some people seem to feel that a family who cannot find some way of providing for a child does not have sufficient motivation to parent the child. In realistically evaluating the costs of raising a child, few subsidies approach the actual

[1] Supply and Demand in ARENA. Research Center, Child Welfare League of America, New York, 1972.

[2] *Subsidized Adoption: A Call to Action*. Child Care Association of Illinois, Springfield, Illinois, 1968.

financial cost to the family. Many families, especially if they already have children, have the time and love to give another child but cannot take on the full financial burden of raising an additional child. A small subsidy, usually less than the state would have to pay for foster care, may make the crucial difference in allowing the family to provide a home for a handicapped child.

Voluntary child release: Voluntary child release legislation allows a parent who can no longer provide a home for a child to release the child to the custody of an agency which can then seek an adoptive home for him. Even with such legislation the worker must often help the family come to a realistic evaluation of their situation and to deal with the guilt that such a step often engenders in our society.

Especially when a family is faced with providing for a biological child with a more severe condition, the possibilities open to the family are limited. Their guilt over the child and over their inability to provide for him are often extreme. Many families choose to institutionalize such a child on the advice of their pediatrician and friends. They cannot face the disruption of family life they fear the child's condition will cause. The alternatives to providing for such a child at home vary in terms of quality of care facilities and the expense to the biological family.

Unfortunately, the determination to have the child institutionalized is not ordinarily based on considerations of the best care plan for the child. Rather well meaning advisors usually concentrate on the emotional costs that raising such a child would have for the family. The family is often forced to make such a decision at the time they are still suffering from the trauma accompanying discovery of the child's condition. Many workers dread the notion of approaching such a family with the information that there may be another family willing to take on the love and care of a child the biological family is rejecting. Intensive work with the family at this point may result in their deciding to keep the child or in releasing the child for another family to adopt. In either case the result could be what is best for the child, rather than simply hiding him away.

Secondary child release: Secondary child release allows the transfer of child custody from an agency without the resources for providing him an adoptive home to an agency which has such resources. If agencies can establish a wide network of cooperative linkages with each other over a wide geographical area, they can then utilize each other's resources to best serve the children in their care. To the extent that agencies define their relationships as competitive, such linkages are unlikely. Agencies that specialize in finding homes for special need children focus on the child and look for families to meet the needs of a particular child. They are most effective when they know the child. An agency that cannot place a particular child might arrange to have the child transferred to another agency that has been successful in placing similar children, and arrange for appropriate financing to reimburse the second agency for its additional expenses.

Informational retrieval: At the federal level it is necessary to retrieve more information about children who are waiting for adoption and about those who might be made legally available for adoption if it were felt an adoptive home could be found. Such an informational retrieval system would provide the basic information necessary for federal programs to encourage the adoption of special need children and provide a greater pool from which to match families of special strengths to children of special needs.

Important Others: Judges, Pediatricians, and Teachers

The potential for placing any child, and the success of the placement, is affected by the climate of the larger community. In every community there are certain key people whose attitudes toward adoption, handicaps, and family life in general can be expected to have a great impact on adoptions in that community. Some of the more important of these are judges, pediatricians, and teachers.

Judges: There are fifty separate adoption laws in the United States, but in effect the interpretation of these laws rests with the local judge who decides in each given case whether parental rights should be terminated and whether a particular child should be placed with a particular family. In addition the judge often makes determinations about the suitability of a subsidy and other matters affecting the adoption. Although the judge is constrained by the relevant legislation and often depends heavily on the recommendations of the worker, most laws leave room for interpretation and the worker's advice is sometimes not given sufficient weight.

Workers tell us that some judges are reluctant to terminte parental custody because of a deep-seated prejudice in favor of the rights of the biological family. Even when the family has made no provision for the child and seems incapable of doing so, many judges are reluctant to permanently separate families. When the child has a mental, emotional, or physical problem, the judge's reluctance to release him is increased if he is convinced there is no family that would choose to parent such a child. Some judges are even reluctant to approve an adoption because they feel a family that would choose such a child is being unrealistic simply by being willing to take him. Other judges may continue to use traditional criteria to evaluate the adoptive family, even when the worker can demonstrate that such criteria are not really appropriate in the case before the court.

Every worker tells us it is important for the adoption worker to know the judge in her area and define the case in terms of his particular interpretations and prejudices. Workers may also consider ways in which the attitudes and experiences of the local judge might be expanded by the new experiences and insights being developed in the field.

Pediatricians: The crucial role that pediatricians and physicians play in the adoption of a handicapped child is discussed in Chapter IV. The worker can seek the pediatricians in her community who are most likely to be sympathetic to adoption; those who focus on the medical consequences of the child's condition, the best care plan for the child, and what the family should know about the child, rather than attempting to make a decision for the family. Many families have their own pediatricians with whom they want to work. The worker can prepare the family for some of the issues that pediatricians are likely to raise.

The American Academy of Pediatricians has revised their handbook on adoption. It provides the worker with a powerful resource both to help explore adoption with families that are interested in a handicapped child and in helping her to deal with the more conservative medical people in her community.[3]

Teachers: When the adoptive child has already attended school before his adoption, the school records will be forwarded to his new school. Both workers and adoptive parents have expressed concern that some of the material in these records is not only unnecessary for the new school, but may actually prejudice the staff so that they do not deal as effectively with the child as they might. This is especially true of some of the test results and labels such records usually contain. Since most of these children have suffered some trauma while waiting for adoption, their behavior may not always be relevant to the way in which they should be treated in their new school. The teacher who is told that a child is disruptive, slow, or immature may encourage this behavior by treating the child in accord with the label applied to him.

Some workers have had success in convincing schools to remove material from the child's records that would prejudice his new adjustment without materially improving the way in which the school can help him. Many workers might find this a fruitful approach. The worker will also want to help the adoptive family prepare for any problems they are likely to meet in this area and to help them to develop strategies in dealing with the schools.

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[3] Arnold S. Anderson, M.D., "Medical Concepts in Adoption for Children with Handicaps," paper presented at the North Carolina Governor's Conference on Finding Families for Children with Handicaps, Raleigh, 1970.

Although the areas discussed in this chapter are beyond the direct control of the worker, they are areas that need her attention. She can work for improved agency and community policies that will not only make her job easier but increase the number of children with a physical, mental, or emotional handicap who will have permanent homes.

Chapter VII

SUMMARY

The purpose of this handbook has been to aid the child welfare worker find adoptive homes for children with a mental, emotional, or physical problem that makes it difficult to find adoptive families for them. The handbook is based on the experiences of over two hundred child welfare workers in public and private agencies, located in rural and metropolitan counties in Alabama, Georgia, Indiana, Michigan, North Carolina, and Ohio.

Many agencies are reexamining their adoption and foster care policies at this time. Reasons for these changes include:

1) The number of non-relative adoptions is decreasing throughout the nation.
2) An increased interest in protecting children's rights is developing across the country.
3) Citizen groups and organizations of adoptive and foster parents are monitoring agency practices and pressing for policy reform through state legislatures.

Many agencies are reorganizing their agency operations to concentrate on finding families for children who are waiting, rather than concentrating on finding babies for deserving families. These organizations stress the child as their primary client; the worker's major role is to find homes for children, not to find children to build families. In studying families, her role is to help the family determine the extent to which they are able to meet the needs of a particular child, rather than judging the couple's suitability for parenthood.

Many workers are reaching the conclusion that every child in need of a family is adoptable. They have gained experience searching for families to adopt handicapped children, and their successes in finding families even for children with the most severe problems has led to this conviction. Even though the workers in our sample felt that Down's Syndrome (Mongoloid Retardation) is the condition families find most difficult to accept, they reported placing five such children. The workers' descriptions of the handicapped children they had placed shows that children with all types of conditions are finding adoptive homes. There is a family somewhere that wants each child, even when he has multiple handicaps. The agencies' descriptions of children who are still awaiting placement indicates that the task of finding homes for handicapped children is far from complete. The agencies in our study reported on children who were legally free for adoption but were still waiting for families. Of course there are many more handicapped children whose legal status remains unclear, but who could be freed for adoption if it were thought that families could be found.

Individuals and communities differ with regard to their acceptance of a specific mental, emotional, or physical condition. The chances of a child being adopted varies according to the condition he has and the community in which he resides. Our study asked each worker whether she thought a series of eighteen handicaps was likely to prevent placement of a child in her community. Workers were classified as to whether they saw many handicaps as preventing placement in their community or only a few. Foster care workers are most likely to feel many handicaps would prevent placement; adoption workers who have placed at least one handicapped child tend to see fewer handicaps as likely to prevent placement. Adoption workers who have not placed such a child fall between these extremes.

Two interpretations can be given to this variation in workers' perceptions about the effect of a particular condition on adoptive placement. Either it is a measure of the acceptability of children with mental, emotional, or physical conditions by the worker's community, or it is an indication of the worker's own feelings about the availability of families for these children. In either case:

Agencies need to further coordinate their foster care and adoption service delivery systems.

Agencies need to insure that foster care workers know families can be found. The foster care worker will then be more likely to make children who are legally eligible for adoption known to adoption workers, and will work to legally free others who would benefit from adoption.

Workers need to broaden their knowledge about the characteristics and consequences of various conditions and to further acquaint themselves with specific resources available in their community.

Workers need to broaden their perspective by increasing their knowledge about policies, procedures, and programs for placing children in agencies outside their own community.

Workers need to undertake community education programs to inform the community about what it means to parent a handicapped child.

Workers need to seek ways to find families for every child. This might mean that another worker who is more comfortable with the handicap becomes responsible for the child, or that a worker in another community takes responsibility for the child. This recognizes that not every worker is best suited for placing a given child and that not every community has a family for every child.

Consideration of the motivations and deterrents to adopting a special need child aids the worker in deciding how to search for families who wish to adopt such a child. The primary factors that seem to discourage many people from adopting a special need child are:

1) Differences in appearance and behavior of some handicapped children cause many people to be uneasy or embarrassed in their presence.

2) Lack of information about the nature of many handicaps as well as lack of information about what the consequences of a handicap might be.

2) The feeling they would be unable to cope with their relatives, neighbors, and community. Specifically, they are afraid others may feel they have betrayed the community or family by bringing this discomfort into their lives.

4) Fears about the drain on resources in terms of time, energy, and money.

5) Some families fear the emotional drain that would occur if the child's condition worsened.

6) Many families are afraid that introducing a handicapped child into their family would disrupt their family life and perhaps have an adverse effect on their other children.

While many of these problems might not materialize if a family did adopt a handicapped child, the fears are sufficient to prevent many families from adopting such a child.

For some families, however, these factors do not overshadow the joys of parenting a particular child. These joys and satisfactions include:

1) helping a particular child reach his potential when he would not have done so without the family;

2) using special talents or skills to help a particular child develop;

3) having a child to give to, and experiencing parenting emotions.

Those families who can receive these satisfactions from a particular child with a handicap see the child as an individual human being. A child with needs, perhaps special needs, but still a child to be loved. For these families, the deterrents are much less important. They are not embarrassed in the presence of their handicapped child because they understand it is part of his nature; they usually are familiar with the particular handicap and its consequences or they familiarize themselves with it before they adopt. They either have accepting relatives and friends or they are less affected by what others are likely to say. They may welcome the challenge to alter the community's attitudes. Rather than seeing the community as hostile, they seek the resources available to help their child reach his potential. They take each day as it comes. They have confidence in their abilities to cope with whatever may occur in the future.

Families who adopt children with a mental, emotional, or physical handicap have a variety of characteristics. However, certain patterns emerge when those families are studied. Some families come to the agency seeking a handicapped child. Often they already have children or work with children. Sometimes they are already close to someone with a handicap similar to that of the child they are seeking. They tend to be older and have higher incomes than those who adopt healthy infants but are slightly less educated and have lower occupational status.

About fifteen per cent of those who adopt handicapped children are foster families and the child they wish to adopt is already in their home. They tend to have several children; they are older, less educated, and more likely to have blue-collar occupations than families who adopt healthy infants. They also tend to have lower incomes than those who adopt healthy infants or other families who adopted a handicapped child.

Other families come to the agency initially seeking a healthy infant but decide to adopt a child with a mental, emotional, or physical handicap. They tend to be older, less well educated, and in lower occupational statuses than those who adopt healthy infants.

All three types of families that adopt handicapped children are different from those who adopt healthy infants. Even those who come seeking a baby, but decide to adopt a special need child, are different from those who follow through with their intention of adopting a healthy infant. Workers can reach more of these families by directing their outreach programs to those who already have children or work with children, or those who have knowledge or experience with the specific handicaps of the children that are waiting, and by continuing to expand the limits set on age, income, and number of children. While many agencies have already revised their policies on these characteristics, the worker needs to be supportive of families who are different or who may already have been rejected for an infant. These families may not know of the revised policies and may be easily discouraged.

Just as studies have shown that families who can successfully care for a child with one kind of mental, emotional, or physical condition might not be able to accept a child with a different condition, so workers may not be able to work effectively with every child. Workers need to explore their own strengths and weaknesses. Each agency should make sure that at least some worker is seeking a family for each child who is waiting.

Workers who have experience finding families for special need children indicate that the traditional screening approach is not the most effective method. They suggest that a more effective procedure is to help potential parents reach a mutual decision about their ability to parent a particular child. This process of exploring adoption together begins with the worker sharing information with the couples about the types of children available. In order to do this, the worker must know the particular needs of each child on her caseload. The process continues with the couple focusing upon a specific child for whom their parenting abilities seem suitable.

At this point the worker must decide how much information about the child's history should be shared. Holding back information may result in problems arising that could have been avoided. Frequently, parents will accuse the agency of being dishonest or misrepresenting the situation. Some agencies solve this problem by allowing the prospective parents to read the entire file on the child. This is not always the best solution, however, since some prospective parents do not want to know the child's complete history. The worker needs to explore with each couple what kinds of information will be most useful to them and then share that information if it is available, try to obtain it when possible, or indicate why it is unavailable.

With the emphasis on exploring adoption together, the worker's role emphasizes counseling rather than judgment. This is a role for which her professional training has equipped her. [illegible] task in this light is to help families discover their strengths and abilities for parenting a particular child. By avoiding unilateral decisions about the couple's ability to parent, she does not make the couple feel they are unsuited for parenthood, but rather that their special strengths and abilities do not match the needs of the children currently waiting for adoption.

Many adoption agencies are organizing groups of potential adoptive parents so that together they can explore the possibilities of adoption. There are several advantages to this approach. A wider range of potential problems is raised. Alternative solutions to these problems are offered from several perspectives. The worker may find it easier to act as counselor rather than judging answers to specific questions. There are some problems with using group techniques. In groups with a wide range of educational levels, the less educated may feel threatened. Some people do not find it easy to express themselves in a group. Some groups fail to reach the desired goals because the worker does not have sufficient skills in directing group sessions.

Families who have already adopted a child with a mental, emotional, or physical problem are being utilized as a resource by agencies. These alumni parents may handle intake calls from prospective adoptive families, make initial home visits, invite interested couples to visit in their homes, or participate in in-service training programs for workers. All of these activities allow prospective adoptive families to benefit from the experiences of the alumni families.

The role of foster parents is being redefined and clarified by many agencies. There is a new trend toward using foster parents as part of the agency team and toward seeing them as key service delivery people. Specifically, they prepare the child for adoption and help to provide a smooth transition from foster home to adoptive home. This may include a meeting with the potential adoptive family prior to the adoption. This redefinition of the role of foster parents is accompanied by new recruitment procedures for foster families, in-service training, and in some cases new remuneration methods.

Workers are relying on organizations and associations that deal with specific handicaps as resources to answer many questions potential adoptive couples have about the consequences of a particular condition with which the worker is unfamiliar. The medical doctor is frequently consulted to help the prospective adoptive family reach a decision about adopting a handicapped child. The doctor can often answer questions about treatment the child will need and about the various potentials of the child. However, workers tell us that doctors sometimes have attempted to discourage adoption for fear the child might cause serious disruption for the family. Some workers are providing families with the names of doctors who view adoption from the needs of the child, and consider the couple's ability to meet these needs.

The worker's role does not end after the child has been placed with the adoptive family. In the past there has been a tendency for the family to see the worker as a judge who has the power to remove the baby. She might be the last person to whom they would turn if a problem should occur. In the adoption of handicapped children the worker attempts to counsel the family during the adjustment period, and help them find ways to cope with both expected and unexpected problems. She helps them utilize the community resources available to meet the child's needs. Agency provision of service after adoption is not new, but it is being reemphasized in the supervision of families who choose a handicapped child.

The success of the worker in providing post-placement service depends on the establishment of a good relationship with the family before the placement. If this relationship has been satisfactory, the family is more likely to call upon her to help them utilize the various resources available. Many of the same groups and organizations that provided help in the exploration phase will be useful at this stage. Alumni parents, organization for the various handicaps, foster parents and physicians all contribute to successful family adjustment. The worker can also serve as a liaison with community institutions, such as the schools.

Even with superior post-placement service some adoptions will be disrupted. This should not deter the worker from placing children with families. Instead she must examine her feeling about broken adoptions. She might consider:

1) That the best family situation for a child might be one in which she would be uncomfortable, one that is not necessarily a typical family life style;

2) that people have tremendous power to grow and develop ways of coping. Families who may start out poorly often develop into stable functioning families meeting the needs of the child; and

3) when a broken adoption does occur, what is learned about the special needs of the child through that experience often allows the worker to find another family that is more suited to the child's needs.

Workers indicate that the crucial factor leading to broken adoptions may be the failure to adequately prepare the child for the adoption. The child must be consulted as to the kind of family he wants, what he expects from family life, and the suitability of a particular family type. Even fairly young children should have the opportunity to discuss what adoption is likely to mean for them.

Specific policy modifications will facilitate the search for families for handicapped children and the family's eventual adjustment to adoption. Changes at the agency level involve modifications in recruitment procedures, intake practices, utilization of foster families, and in-service training programs. Waiting for families to contact the agency is not an effective way to find families for handicapped children. Agencies must be sure that any inquiry is encouraged and that the possibility of adopting a handicapped child is explored with all couples. Specifically, recruitment needs to focus on outreach programs to inform the community about children who are waiting. Having group meetings for prospective parents, and using alumni parents for home visits are some of the innovations currently being used.

Agencies are beginning to routinely explore the possibility of adoption with foster families. These agencies are rethinking the basic criteria for adoptive families. There is an increasing emphasis on in-service training in many agencies. They recognize that their workers need additional information about specific handicaps and what it means to parent a handicapped child.

In order to increase the number of placements of handicapped children, an agency will have to work with other agencies and often with state and national government. Specifically, agencies need to find ways of coordinating their efforts within the same community and across community lines so that if a worker in one agency cannot find a family for a given child, she can utilize workers in other agencies to look for a family. The various state adoption exchanges and ARENA are a step in this direction. Modifications need to be made to increase their effectiveness, and to find ways for direct communication among workers in different agencies about a specific child who is waiting.

Additional legislative innovations that are helpful include financial subsidies for adopted children with mental, emotional, or physical conditions, voluntary child release, and secondary child release. A unified tracking system at the national level would allow policy and program formulation to focus on means of helping the handicapped children that are waiting.

Finally, agencies and their workers need to encourage interaction with those professionals who might be in a position to affect the successful outcome of the adoption of a handicapped child. Local judges need to be informed of new laws relating to adoption and of new practices in child welfare that demonstrate the desirability and feasibility of adopting handicapped children. Pediatricians and other physicians need to be informed of the many successful adoptions of handicapped children and the advantages of adoption over other alternative care situations for these children. Teachers also need to be alerted to new trends in adoption, since often the school and the records it keeps hinder the adjustment after adoption.

The above changes are necessary if the child welfare worker is to successfully use her skills and talents to find families for the many waiting children with mental, emotional, or physical conditions, to help these families explore the meaning of such an adoption for them, and to help them cope with the problems that will occur following the adoption.

Appendix A

DISCUSSION QUESTIONS FOR IN-SERVICE TRAINING

The following discussion questions are organized by topics in the order they were discussed in the text. It is hoped that these questions may be helpful to workers who wish to expand their own orientation and improve the service they can render to the children who need homes.

Introduction
General Questions

1. Is there a need to modify or refocus the role of child welfare agencies? What should be the goals of such an agency?
2. Who is the primary client of the agency? What would it mean to have a caseload consisting of adoptable children rather than families?
3. Is there a need to reorient workers in the way they assess children? In the way they evaluate families?
4. What constitutes a handicap when a worker is seeking an adoptive home for the child?
5. What constitutes a handicap when a family is considering the adoption of a child?
6. What are some of the major criticisms of current agency practices in the area of adoption? Are these justified? What might be done to remedy these?
7. What are the strengths of our agency's program? How can we build on these?
8. What are the weaknesses of our current program? How can we remedy these?

Chapter II
Every Child is Adoptable

1. Is every child adoptable?
2. Who are the children who should be placed in adoptive homes that are not now being placed?
3. Is there a need for greater orientation to the children with special problems? How can this be accomplished?
4. How do we sort out the adoptable children from the temporary wards?
5. Should more children be made legally eligible for adoption? What do we consider in making a plan for the child?
6. What types of children could I parent? Why? What are my strengths?
7. What types of children would I have difficulty in accepting? Why? What kinds of families might be able to parent such children?

Chapter III
Finding Families for the Children

1. Who are the families in our community that might adopt children with a mental, emotional, or physical condition?
2. What types of people might want to parent such a child?
3. What types of people might be unsuitable to parent a child with a handicap?
4. What characteristics would it be important to seek in couples in assessing their ability to parent a physically handicapped child? A mentally retarded child? An emotionally disturbed child?
5. How do we reach these families?

Appendix A (Continued)

6. Are there families approaching this agency who would be suitable parents for one of our children? Are some of these families being turned away or discouraged?
7. Have we fully considered the potential of our foster parents as adoptive families?
8. Why would anyone prefer to adopt a special need child?
9. How does the traditional home study relate to the ability to parent? How do the traditional criteria used to select adoptive families apply to the families who might parent a handicapped child?
10. What are the things I find most important in studying a family? Why do I especially like a family? Why do I especially dislike a family?

Chapter IV

Exploring Adoption Together

1. What does it mean to parent a child with a mental, emotional, or physical condition?
2. How do children with handicaps differ from other children? How does this affect family life?
3. Are there any special characteristics to look for in families that choose a child with a mental, emotional, or physical condition?
4. Who should make the decision as to whether a particular family is ready for adoption? Ready to accept a particular child?
5. How much information on the child's background should be shared with a potential adoptive couple? Is there any way in which we can get more information about a child's history?
6. How might parents help one another?
7. What kinds of topics are best covered in a group discussion? What topics are best covered on an individual basis?
8. How can we use our adoptive families in helping others?
9. With whom might potential adoptive couples discuss their ability to adopt? Ability to adopt a particular child?
10. What can foster parents do to facilitate the adoption process?
11. Are there organizations and other resources available in this community that might be utilized in helping a couple reach a decision?
12. What is the role of the physician in evaluating a child for adoption? Should families be sensitized to the orientation of some physicians?

Chapter V

Helping Families Cope

1. What is the function of post-placement supervision? How can we best serve families during this stage?
2. How can we develop rapport with the family members?
3. Would group supervision be practicable?
4. What should we look for as indications that a family may need extra help?
5. What resources can we call upon for families that do need extra help?
6. What do I feel when I think of the possibility of a broken adoption?
7. Who suffers when an adoption is broken?
8. What can be learned from broken adoptions?
9. How do we prepare a child for adoption? Might this have an effect on the adoption and its success?
10. What is our responsibility to the child when an adoption fails? To the family?

Appendix A (Continued)

Chapter VI
Policy Implications for Agency, Community, and State

1. What are we doing to recruit families? What else could we do?
2. Can we advertise a specific child?
3. How can we reach the most families? Are we reaching the right families?
4. How would I feel if I were to approach this agency as a potential adoptive parent? How would I be treated?
5. How might we cooperate with other agencies to increase the level of our services?
6. Is our agency using all available facilities? The state adoption exchange? ARENA?
7. How might these services be improved?
8. How much do we know about the legal statutes that pertain to adoption?
9. Is there legislation pending that might be helpful in finding homes for children?
10. Are we taking full advantage of such legislation?
11. Is the county judge aware of the most recent legislation?
12. How might we work with physicians and teachers for greater cooperation in serving children?

Appendix B

SELECTED CHILDREN PLACED IN ADOPTIVE HOMES BY SAMPLE AGENCIES

Age	Sex	Race	Handicapping Condition
Infant	Female	White/ Indian	Congenital hearing problem.
2 weeks	Male	White	Cleft lip.
2 months	Male	White	Drug addiction and withdrawal.
2 months	Female	Oriental/ White	Severe dislocation of hips. Mother has severe emotional problems requiring tranquilizing medication thru delivery.
2 months	Female	White	Heart murmur, disfiguring capillary hemangioama on face. Wears brace.
2 months	Female	White	Congenital heart defect.
3 months	Male	White	Slow development; mother and many other relatives retarded.
3 months	Female	White	Hemophilia carrier.
3 months	Female	White	Eye problem — born without irises.
3 months	Female	White	Enlargement of labia minora as a result of maternal estrogen stimulation; Surgically corrected.
4 months	Female	White	Vestigial ear.
5 months	Female		Tooth disease.
5 months	Female	Black	Possible defective development of skull.
5 months	Female	White	Possible history of seizures, 50 percent chance of mental retardation.
5 months	Female	White	Child was believed to be deaf.
5 months	Male	White	Severe heart anomalies.
6 months	Male	White	Heart defect.
6 months	Male	White	Hemophilia.

Appendix B (Continued)

6 months	Female	White	Birthmark.
8 months	Male	White	Hip defect.
8 months	Female	White	Ventricular septal defect; prematurity.
9 months	Male	White	Incest; age of mother; problems with genetic studies.
9 months	Male	White	Extra finger on each hand; lumps on each side of the head; nasal passages closed (breathing problems); bad eyesight.
9 months	Male	White	Slow intellectual development.
10 months	Male	White	Heart problem.
10 months	Male	White	Retardation in background of both parents.
11 months	Female	White	Slow motor development.
1 year	Male	White	Birthmark on face; Wilm's syndrome.
1 year	Male	White	Vascular ring constricting esophagus; aberrant right subclavian artery (corrected by surgery - but still needing special attention).
1 year	Female	White	Congenital heart disease; possible ventricular septal defect
1 year	Male	Biracial	Down's syndrome.
1 year	Male	White	Delayed physical, motor, and mental development due possibly to cerebral palsy or microcephaly.
14 months	Male	White	Cerebral palsy, epilepsy, and an unknown degree of retardation.
14 months	Male	White/ Black	Down's Syndrome.
15 months	Female	White	Congenital heart disease.
16 months	Female	White	Chromosome study indicated lack of one sex chromosome; possible Turner syndrome; possible sterility; female secondary sex characteristics may not develop.
18 months	Female	Black	Cerebral palsy; spastic.

Appendix B (Continued)

18 months	Female	White	Congenital facial hernistrophy; short left leg - dislocated left hip; left eye and cheek smaller.
20 months	Female	White	Spastic quadraplegia.
21 months	Male	White	Down's syndrome.
2 years	Female	White	Mental retardation.
2 years	Male	White	Ritter's disease.
2 years	Male	Korean	40 percent vision.
2 years	Male	White	Neurological and floppy infant syndrome.
2 years	Male	White	Emotional problems; repeated ear and respiratory infections; nervous, irritable, and physically unattractive.
2 years		Black	Sickle cell anemia.
2 years	Male	White	Hydrocyphalic.
2 years	Male	White	Epilepsy.
2 years	Male	White	Severe cleft palate and hare lip; severe malnutrition at two months; possible speech impediment.
2 years	Female	Black/ White	Severe hearing loss.
2 years	Male	White	Bilateral club foot condition.
2 years	Male	White	Mother epileptic; her medication caused hypocolcemia.
30 months	Male	White	Stubborn hip, orthopedic problem, possible neurological involvement; slow early development, slow growth gain.
30 months	Female	White	Atrophy of the brain.
30 months	Male	White	Mild cerebral palsy and spasticity of lower extremities.
3 years	Male	White	Muscular dystrophy.
3 years	Female	Oriental/ White	Down's syndrome.

Appendix B (Continued)

3 years	Female	White	Double thumb on hand.
3 years	Female	White	Congenital mental and physical handicaps.
3 years	Male	White	Heart murmur; signs of mental and physical retardation.
3 years	Female	White	Mild cerebral palsy.
3 years	Male	White	Multiple anomolies: hare lip, cleft palate repaired, bilateral hearing loss, vision retarded, micro penis, undescended testicles.
4 years	Female	Black	Incest; Slow mental and physical development.
4 years	Female	White	Retarded; epileptic; emotional problems.
4 years	Male	White	Down's syndrome.
4 years	Male	Black	Incest.
4 years	Female	White	Hypertension (unknown cause); two broken adoptions; exploratory surgery left body scars.
4 years	Male	White	Incest; seizures; odd appearance.
4 years	Female	White	Premature birth and slow physical development; cerebral palsy; social immaturity; limited mental ability.
4 years	Female	Black	Left eye focuses improperly; premature; retarded.
4 years	Male	White	Allergies; surgery for recessive eye muscles.
4 years	Male	White	Burns.
5 years	Male	White	Slow developmental history with immature nervous system; some abnormal biochemical findings.
5 years	Male	White	Bedwetting; acting out.
5 years	Female	White	Ear malformation; Ptosis of right eye; club feet; slow physical and mental development.
5 years	Male	White	Battered and abused child.
5 years	Male	White	Low IQ.

Appendix B (Continued)

5 years	Female	White	Emotional disturbance.
5 years	Male	White	Emotional.
5 years	Male	White	Emotional disturbance.
6 years	Female	White	Broken adoption; severe emotional problems.
6 years	Male	Black	Allergic; asthmatic.
6 years	Female	White	Spinal bifica.
6 years	Female	White	Retarded and emotionally disturbed.
6 years	Male	White	Slow learner.
6 years	Male	White	Mental retardation.
6 years	Male	White	Retardation; possible incest; hearing loss; heart defect.
6 years	Male	White	Mental retardation.
6 years	Male	White	Blind.
6 years	Male	White	Emotional problems; low IQ possible.
7 years	Male	White	Slight speech impediment; broken adoption.
7 years	Male	White	Hyperactive.
7 years	Female	Black	Borderline retarded; speech problem; lazy eye; dental problem.
7 years	Male	Black	Emotional deprivation.
7 years	Female	White	Down's syndrome.
7 years	Male	White	Heart problem.
7 years	Female	White	Slow learner; emotional problems.
7 years	Male	White	Emotionally disturbed.
7 years	Female	White	Emotionally immature; poor self image; withdrawn.
7 years	Female	White	Mental retardation.

Appendix B (Continued)

8 years	Male	White	Cystic fibrosis.
8 years	Male	Black	Slow learner.
8 years	Male	White	Rubella body; severe hearing problem; heart condition; seizures.
8 years	Male	White	Enuresis, encopresis; was disorganized, slow EEG; overactive and emotionally disturbed; on Ritalin; earlier, mental retardation suspected.
8 years	Female	White	"Precocious puberty"; emotionally immature; at one time believed to be retarded.
8 years	Female	Black/ White	Slight borderline retardation.
8 years	Male	White	Behavior problems; withdraws around peers.
8 years	Male	White	Mental retardation (borderline).
8 years	Female	White	Slow learner; emotional problems.
8 years	Male	White	Emotional problems.
8 years	Male	White	Emotional problems
8 years	Male	White	Emotional problems.
8 years	Female	White	Emotional problems.
8 years	Male	White	Mentally retarded.
8 years	Male	White	Deaf; hyperactive; no speech.
9 years	Male	White	Severe speech, hearing, learning, emotional problems.
9 years	Female	White	Emotionally disturbed; slow learner.
9 years	Female	White	Retardation; speech defects; muscle atrophy.
9 years	Female	White	Mild speech problem; immaturity and emotional problem; bedwetter; allergies.
9 years	Female	White/ Black	M.B.D. needing constant medication.

Appendix B (Continued)

9 years	Female	White	Emotional problems.
9 years	Female	White	Retarded; emotional problems.
9 years	Male	White	Emotional and speech problems.
9 years	Female	White	Cerebral palsy.
9 years	Male	White	Poor sight; moderately retarded.
9 years	Female	White	Child had been severely burned on face, chest and arms.
10 years	Female	White	Speech impediment; emotional problems; possible mental retardation.
10 years	Male	White	Emotional and learning.
10 years	Male	White	Emotional; hyperactive; one broken adoption.
10 years	Female	White	Emotional problems.
10 years	Female	White	Congenital heart disease.
10 years	Male	White	Emotional problems, speech defect; functions at second grade level.
10 years	Female	White	Learning disabilities; ambiguous sex; eye muscle problems; poor fine motor disabilities.
10 years	Male	Black	Has only one kidney.
10 years	Male	White	Mental retardation.
10 years	Female	White	Emotionally disturbed; chronic urinary infection; lacks bladder control.
10 years	Male	White	Slow mentally; emotional problems.
10 years	Female	White	Perceptual handicap; retardation; hearing loss.
11 years	Male	White	Low intelligence; emotional (nine previous placements).
11 years	Male	White	Asthmatic; hearing loss; emotional problems.
11 years	Female	Black	Slow learner; emotional problems.

Appendix B (Continued)

11 years	Male	White	Has hereditary illness in background (Friedreich's Ataxia).
11 years	Male	White	Friedreich's Ataxia in background
11 years	Female	White	Mentally retarded; hyper; some emotional disturbance.
11 years	Male	White	Emotional problems and some mental retardation.
11 years	Female		Epilepsy; retardation.
11 years	Male	White	Brain damaged; hyperactive.
12 years	Male	Black	Slow learner.
12 years	Male	White	Emotionally disturbed.
12 years	Male	White	Hyperactivity syndrome consisted with mild brain damage; behavior problems.
12 years	Male	Black/ White	Learning problems; behavior problems.
12 years	Male	Black	Emotional problems.
12 years	Female	White	Obesity; temperament.
12 years	Male	White	Broken adoption; slow learner.
13 years	Male	White	Retarded; emotional disturbance.
13 years	Male	White	No nose; difficulty swallowing; believed first few months to be retarded.
13 years	Female	White	100 lbs. overweight; emotional problems.
13 years	Male	White	Hearing loss.
14 years	Female	Black	Low intelligence; emotional problems.
14 years	Female	White	Four generations of Huntington's Chorea in maternal family.
14 years	Male	White	Previous broken adoption; emotional problems.

Appendix B (Continued)

15 years	Male	Black	Slow learner; deformity of both arms; requires physical therapy.
15 years	Male	White	Slow learner.
15 years	Female	White	Emotional (14 placements in five years).
15 years	Female	Black	Pregnant.
15 years	Female	White	Emotional problems.
16 years	Female	Black	Pregnant.
16 years	Male	White	Mental retardation; poor eye focus.
16 years	Male		Emotional problems.
17 years	Female	White	Diabetes.
17 years	Male	White	Emotional problems.

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Spaulding for Children About Us and The Work We Do

SPAULDING FOR CHILDREN BEGAN in 1968 with a group of people concerned about the thousands of hard-to-place children who await adoption today. An idea became reality when Warren Spaulding, a retired Chelsea farmer, donated his farm property for headquarters for the fledgling agency.

HARD TO PLACE CHILDREN ARE mostly school age. Some have mental or physical handicaps, social disabilities or a history which gives reason to anticipate special problems. Often more than one of these factors is present in the same child.

THE CHILDREN WAIT in the custody of social agencies and juvenile courts. They are usually placed in paid foster homes, which means a qualified family is paid (usually from public funds) to care for a child as a stop-gap measure. Frequently kids are shifted from one home or institution to another, so they "belong" to no one.

PLACEMENT IS DIFFICULT BECAUSE most agencies have been tuned to finding homes for normal, healthy infants. The children we are describing need a different kind of family, many more hours of work to match child and family, and more extensive follow-up services. It's expensive.

SPAULDING SUCCEEDS BECAUSE we've worked very hard to inform the public about the needs of these children and to attract the right kind of potential parents. We've also worked hard to inform the agencies having custody of the children of what Spaulding has to offer--professional social workers whose specialty is hard-to-place kids. Spaulding works mainly in Michigan, although we are asked more and more to help with special children from other states and even from other nations.

THE COST OF SUCH AN ADOPTION is over $2,000 per child. It is a bargain opposed to foster care, which is over $2,000 per year, or institutional care running up to $6,000 per year.

SPAULDING ADOPTIONS ARE FINANCED by a combination plan. A child remains in custody of his own agency, and that agency pays a small fee to Spaulding for arrangement of the adoption. The balance of the cost comes from Spaulding funds, as the adopting family does not pay any adoption fee.

SPAULDING'S MONEY COMES FROM tax-deductible contributions and from fund-raising projects such as Christmas card sales. There is no "official" sponsor providing a ready source of money. Placement work is done by paid, trained professionals, but volunteers do as much as possible of the fund raising and support work to cut expenses.

YOU CAN HELP US. Always money, in any amount! Pass our literature on to a friend! Think Spaulding when your club wants a good speaker or a meaningful service project! And thank you!

SPAULDING FOR CHILDREN 3660 Waltrous Road Chelsea, Michigan 48118

Older and Handicapped Children

Are Adoptable:

The Spaulding Approach

CONTENTS

Letter of Explanation... 1.

An Introduction to Spaulding for Children.......................... 2.

Placing Children .... 5.

- Finding Families .... 6.
- Evaluating Children .... 8.
- The Mechanics of Placement .... 10.
- Post Placement Services .... 14.
- Adoption Disruption .... 16.

Some Particular Children .... 18.

- Marty .... 19.
- Jean and Kathy .... 24.

Common Handicaps and Their Implications .... 28.

- Blindness .... 29.
- Cerebral Palsy .... 29.
- Cleft Palate .... 30.
- Deafness .... 30.
- Diabetes .... 31.
- Mental Retardation .... 31.
- Perceptual Handicaps .... 32.
- Spina Bifida .... 33.

Resources .... 34.

SPAULDING
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Since Spaulding for Children began work as a specialized adoption agency in 1968, more than 150 older and handicapped children have been placed with adoptive families in Michigan by this agency alone.

We believe these children are indeed able to be adopted and that there are families who can successfully parent them. Our hope is that this handbook, a brief summary of our beliefs and practices, will encourage other attempts to increase adoptive placements of similar youngsters.

The Spaulding Staff

Dottie Blacklock
Kay Donley
Marty McClatchey
Sue Schroen

AN INTRODUCTION TO SPAULDING FOR CHILDREN

Spaulding for Children is a private or voluntary adoption agency, established as a result of citizen belief that many children labeled "hard-to-place" were not finding their way to permanent families. Spaulding for Children would not have been possible without the concern of Warren Spaulding, an 84 year old bachelor farmer, who gave his centennial farm and the surrounding acerage as a gift to be used for the benefit of children in his lifetime and beyond.

During the time that Warren Spaulding was looking for a way to help children, a seminar entitled Frontiers in Adoption was held at the University of Michigan. This meeting was jointly sponsored by the Council on Adoptable Children (an organization of adoptive parents, prospective adopters, and some professionals), the Michigan Association of Children's Agencies, the Michigan Department of Social Services, the Probate Judges' Association, the University of Michigan School of Social Work, and others. Frontiers in Adoption, held in 1967 and spearheaded by the Council on Adoptable Children, revealed that the rapidly increasing numbers of hard-to-place children were not receiving adequate attention and service. As a direct result of that conclusion, Spaulding for Children was founded to serve only the hard-to-place child: the youngster whose own special adoption needs made him less likely to find a permanent home. In 1968, the special needs factor was age or length of time without a permanent home, a physically or mentally handicapping condition, or minority heritage. For many children, a combination of two or more of these factors existed.

After operating as a specialized adoption agency from 1968 until the present, Spaulding for Children remains convinced that permanent adoptive families can be found for children who are older or handicapped. This process consists of staff workers preparing children for adoption, recruiting and preparing adoptive applicants for parenting these children, and remaining available to provide services to families even after the placement.

THE PHILOSOPHY

Spaulding believes that a child without legal family ties needs the permanency that adoption can provide. Spaulding believes that homes can be found for most of these children. Investigation of family background does not reveal if families have parenting abilities. Therefore, the adoption porcess should not be based on a rigid formula of obtaining family information. Spaulding focuses on assisting a family to accept a child with very special needs into their home. Spaulding makes every effort to find families who are willing to make an investment in a child who has been filled with insecurity and confusion. Working together, the family and the worker will identify the contributions which the family can offer the older or handicapped child. The process moves at a pace which enables a family to understand, accept, and eventually parent a child often unfamiliar with a sound family environment.

SPAULDING YOUNGSTERS

Spaulding has placed children ranging in age from early infancy through 16 years. The children share a common history in that the agency having their legal custody has been unable to find an adoptive family for them. Many have drifted from foster home to foster home over a period of years, and will continue to drift unless a permanent family is found for them. Increasing numbers of agencies have referred their waiting youngsters to Spaulding and have learned that such children can find their way to permanent families. Our success has encouraged them to find adoptive families for their other waiting children. Thus increasingly older and more seriously handicapped children are referred to Spaulding each year.

Many of the children referred to Spaulding are permanent wards of the various county probate courts or wards of the state. In these cases, family ties have been severed by legal action due to parental neglect or abuse. However, some children are referred to Spaulding by voluntary agencies after being "released" or "surrendered" for adoptive planning. (These are often handicapped children for whom the referring agency has no available family.)

THE PROCESS

Once a child is referred to Spaulding for Children, the staff evaluates the child as fully as possible, assessing future functioning and possible problems the child may encounter. If there is no waiting family available, newspaper recruitment is used to locate potential families for this child and for similar children. Workers talk with each responding family. They help families evaluate their own parenting capabilities in relation to a specific child; they do not determine who should be "accepted" or "rejected."

After locating an appropriate family, the worker and family discuss at length the child's history and the potential rewards and problems in placement. At all times, families are encouraged to discuss doubts and fears openly. Mutual decisions to proceed, shared between worker and family, are made throughout the process. A series of showing and visits help prepare the child and family for a permanent move. Parents are also prepared for adoption by meeting other families who have adopted children with similar handicaps. These families often form solid ties and have proved to be of great help to each other after placement.

After the child is placed with the family, Spaulding offers continued help to the family, both individually and in groups. Many Spaulding families remain in close contact with their workers well beyond confirmation. Some families ask for the agency's help over the years as problems occur. Because most families become acquainted with more than one worker during the process, staff turn-over need not interrupt the tie between family and agency. In fact, the Spaulding staff works as a team in understanding families and children, in making all placement decisions, and in sharing responsibility for providing services to families.

Adopting families are charged no fees. However, the family is asked to pay Court filing costs of under $15. Those agencies referring children to Spaulding for placement are asked to defray a portion of the cost of placement if the child is adopted. Spaulding undertakes to raise the remaining portion of the placement cost through its own fund-raising activities (i.e., the Child-of-the-Month Club, Spaulding memberships, foundation grants, an annual holiday card sale, etc.). Spaulding exists because of the genuine concern and commitment of staff, Board, volunteers, service clubs, civic groups, and individuals who recognize the need for an agency serving only older and handicapped youngsters. The agency has a single purpose: to find permanent families for these waiting children.

PLACING CHILDREN

FINDING FAMILIES

Families who adopt older or handicapped youngsters are not some form of exotic faunae found in remote forests. They are all around us, camouflaged among the ordinary people quietly going about the business of living. A social worker interested in placing children generally described as "hard-to-place" (a term that more describes the services offered these children, rather than the specific characteristics of the children themselves), would begin by a reexamination of the intake policies of the adoption agency.

After several years of working with families adopting older or handicapped children, a few observations come quickly to mind. There are still many common misconceptions about adoption and the adoptable child which are widely "known" by the general community. This folk information is commonly based on rumored adoption practices of the past decades and personal responses to parent/child relationships. People persist in believing that orphans abound in the country, that babies are still left in baskets on doorsteps, and that social workers are fastidious, middle class ladies in sensible shoes always on the lookout for dustballs under the bed. Attempts to correct the image of the children available for adoption appear to fail at first. Invariably, citizens read newspaper items on the older children who do need families and still believe that "older" means a slightly aged infant.

The problem encountered when trying to educate the community is that most change comes slowly for human beings. Social workers attempting a real change in public perception must embark on a planned campaign to alter the climate of the community. It is this plan we call COMMUNITY EDUCATION. This is best accomplished by sharing ideas among informed people who can then decide on a carefully established plan involving mass media (radio, television, newspapers, and magazines), clubs, organizations, service groups, churches, bowling leagues, and anyone else interested enough to learn. The effort should focus on telling the story of the children who wait, not necessarily on recruiting families for these children-- that is yet a separate issue. If we are to change the folk information available to prospective families (and to the community at large which will after all one day welcome these children and their new families) we must expect it to be a gradual process.

Apart from community education, the agency having the responsibility for planning for older or handicapped children must determine that true permanency for the child is the goal of service. Through the years, many agencies have experimented with various forms of permanent foster homes for children. Most such plans result in guarantees for the foster family, but few guarantees for the child.

Permanency for the child who cannot be returned to his own family must be produced through the establishment of legal ties which are an acceptable substitute for those biological ties now lost to him. Adoption is the alternative which most consistently meets the requirements of the majority of waiting children. But adoption is not a realistic goal unless community education is underway and a total reexamination of the way in which the agency promotes inquiries and works with applicants is undertaken.

It is important that the agency image be an open and honest one and that the staff be friendly, enthusiastic social workers interested in children and eager and able to talk with all kinds of people about caring for children. Without that kind of atmosphere, success is impossible. But the public image must be affirmed by the private performance. The person answering the telephone must be warm and helpful. Letters must be promptly answered and the responses appropriate. Meetings must be comfortable and thoughtfully scheduled. Appointments must be at mutual convenience. The process must be streamlined, the paperwork minimized. Contacts between worker and family should result in more understanding of adoption, of experiences typical to families who have already adopted older or handicapped youngsters, of one another's assets and liabilities. Experienced adopters should be included in the process. They not only convey more believable information, they also can advise the applicant family about the services of the agency, the dependability of staff, the routine details the social worker may have forgotten or never learned.

Supportive services throughout the placement process and well beyond must be freely offered, the certainty of some problems of adjustment accepted. There should be a shared responsibility for the placement of a child. By eliminating as much as possible of the traditional "game-playing" of adoption (if they answer an appropriate question with an appropriate answer enough times in succession, they are rewarded with a child), we try to reach a position where mature people, having learned a great deal about themselves and the children available for adoption, make a decision to proceed into placement with the assistance of an agency they trust. Sweeping away our preconceived notions of a typical "acceptable" family is imperative. The new families coming to us should be old, young, and in-between. They should have comfortable incomes or be barely managing. They may have different levels of motivation; they may be well educated or semi-literate. Their only common trait must be the capacity to care for a child not born to them. Some will feel the impact of instant parental love. Some will remain the constant caretakers of a child needing care. Some will find adoption more than they dreamt it might be. Others will find it far less than they anticipated.

This method of working with applicant families, often called the "educative" approach to adoption (in opposition to the more traditional "investigative" approach), seems to be the logical choice for forming ties between family and agency and for permitting assistance and information to flow freely between the two for years to come. Families may well need the support and assistance we can offer. We certainly need the opinions and observations they have to offer. There is so much more we must learn about the new face of adoption.

EVALUATING CHILDREN

Children available for adoption, of whatever age and whichever characteristics, require families able to view them first as children and second as children of a particular developmental level and with individually distinguishing characteristics. The children who wait longest for adoptive placement are often youngsters categorized by adults who work with them as "difficult" or children who are traumatized by prolonged struggle with the thorny issues of parental rights and responsibilities. To move such a child to a permanent adoptive family requires much thought and sensitivity on the part of the child welfare staff if the child and the family are to have the greatest possibility of making a satisfactory adjustment to one another.

In order to find the best family for a child, the child must be known and a composite picture of his history and his current functioning has proven to be the most helpful tool. In exploring the child's true status, a variety of people are needed to provide essential information: the social worker or child care staff who know him best, the foster parents most familiar, the school teacher of longest duration, and the child himself. All of these individuals should be seen and their feelings and observations about the youngster carefully considered. (At the same time, the worker should be collecting information about how helpful these same people may be in helping the child move toward a new family. This is an especially crucial issue with the child's social worker and the foster parents or child care staff. During a move, these people will either be a help or a hinderance.)

In addition to personal contacts with people very important in the life of the child, it is important that the placement worker assess the child himself: to verify the impressions of others, to determine how much understanding the child has of his separation from biological family, to begin making a judgment about WHO will work with the youngster to the point of placement, WHEN he might be readied for placement, and WHAT KIND of family might be most comfortable for him.

The composite picture cannot be completed without careful scrutiny of all written records on the child and/or his family of origin. Workers must realize that records are notoriously sparse but also realize that they are the earliest (and perhaps your best) opportunity to construct the connection from past to future which will grow in importance as this child faces change and the deep need to know and understand what is happening to him. His history of moves from placement to placement (not just the dates, but the who and why of the move), the recorded or recalled information of staff who might have had contact with his family members, photographs if unearthed, descriptions, names, birthdates, can all be pieced together if the placement worker is persistent. In many respects it is like working on a vast and fascinating puzzle, but its completion will help you know this child and help immeasurably in making crucial judgments just ahead.

The placement worker can also be comforted by knowing that the material being collected will not be just discarded after placement of the child. This information will help the adoptive family understand the child's behavior in many instances. It will provide the newer family with greater insight into the old family and give them the material which, skillfully used, can assist the child with developing a more mature understanding of his own history as the years go on.

The composite picture, well drawn, includes the good as well as the bad, the attractive as well as the unattractive-- a full range of perspectives and possibilities, carefully identified. When a placement worker presents basic information on an available child to a prospective adoptive family, there should be a careful explanation of this range of perspectives and possibilities, rather than a categorical description that amounts to "this is the way he is." Given our still fairly primitive understanding of human personality and development, and our unquestionably poor powers of communication, categorical statements are extremely dangerous. The wise placement worker realizes that many children never perform in a new home the way they characteristically performed in the previous one. The damage done earlier in life to these children often precludes their responding to a newer, healthier family situation in the way we might hope. Love does not, and will not, cure all. A new family often simply provides different buttons to press. The placement worker who describes the past in factual terms and speculates about the future with realism gains in credibility.

THE MECHANICS OF PLACEMENT

The actual placement of a child into an adoptive family is an exciting experience-- for child, family, and worker. In the midst of such excitement it is often difficult to remember that serious pieces of business must be going on or the placement may well be just another move into deeper jeopardy for the child without parents. It is essential that the placement worker have the most comprehensive and accurate picture of the child's present functioning and be able to make some reasonable predictions of the child's future. Most adoptive families seek this kind of assurance of competency from the placement worker. To compose an accurate and comprehensive picture of a child, it is imperative that a placement worker have direct and personal contact with the child to be placed. (There are a few exceptions-- mostly involving international placements or placements occurring across vast geographic areas. Even here, however, the use of still photos, home movies, videotapes, tape recordings and thoughtful letters and telephone calls may prove indispensable in bridging that knowledge gap.) Aside from this personal contact, hopefully carried out in a setting designed to make the child as relaxed and normal as possible, it is equally imperative that the placement worker have access to people dealing with the child on a 24-hour basis. Contacts with foster families, school teachers, physicians, therapists, child care staff, and other persons in close personal contact with the youngster, must help develop that composite picture of current functioning that is necessary if the placement worker is to help the prospective family understand WHO the child is and HOW he became that person. A close working relationship with the foster care worker both enhances the placement worker's job and enables that foster care worker to share in the rewards of seeing the child achieve permanency.

Once the information is in hand, the placement worker makes a PRESENTATION to the prospective adoptive family. Although this can take the form of a fairly informal exploration of how the family might feel about a specific kind of child, it must always result in a carefully scheduled social worker/family interview with written records on the child and photographs recently taken. In all cases, the style of the presentation will depend upon the style of the family, the style of the placement worker, and the relationship between family and placement worker. The worker frequently gives the family copies of those parts of the record which would be most helpful in understanding the child. (This is done to provide a shared base for further discussion and to assure the family that they have access to all the information on the child they are considering.) The worker helps the family by sharing her past experiences with other adoptive placements and by cooperating with the family in seeking educational and medical resources the child will need. (A visit to a local special education classroom, for example, by the family considering a slow child; verification of the availability of medical treatment and funding programs by the family considering a physically handicapped child.) The worker also helps the family discuss their own experiences with people who have characteristics or handicaps similar to the child under consideration.

Many times, the worker who best knows the child and the worker who best knows the prospective family will team up to explore possibilities with the family. Even when dealing with a very open family group, it is often wise to not include the children of the family in this particular meeting. This will eliminate the possibility of the children feeling guilty about a decision not to continue consideration of a particular child.

Once the placement worker has a clear signal of the family's interest in a particular child, a SHOWING is arranged. Showings can be either "blind" or "known." In a blind showing, the prospective family is able to see the child, sometimes even talk with the child (in a suitably public or semi-public setting), but the child is not yet aware of the family's interest. Agencies often use this "blind showing" to avoid the possibility of the child committing himself to a particular family before they are ready to commit themselves to him or her. In a "known" showing the child and the prospective family are equally aware of each other and their mutual interest in adoption. The particular method employed by the placement worker may be related to the age of the child, the commitment exhibited by the prospective family, or any other factors which hold serious import in establishing new family ties. Such decisions should not be made by one single worker, nor should any fixed agency policy be followed in each and every case. Many children are left waiting for a family because of the limited vision of an individual social worker.

The prospective family should be given adequate time to consider their next step very carefully. The placement worker can best judge their initial response to the youngster by talking with them openly and freely soon after the showing. The decision to proceed to the next step is crucial because it involves preparing the child to meet them as prospective parents. A placement worker must also make a judgment as to how adequately the child has been prepared to meet a new family. Has the child's worker known the youngster long enough or well enough to help make the transition to a new family? Has the child received help in understanding and accepting his own separation from his original family (the biological family)? Has the foster family enough commitment to the child to help make the move to a new family a positive step in life? If the child's worker is unable to help with this phase of the placement activity, the placement worker should delay any further placement plans until this initial preparation is accomplished. The child's ability to become part of a new adoptive family will often be determined by the skill of the persons (foster parents and social workers) who help him understand his own history. The prospective adoptive family will continue the process of helping him understand and accept this past but they should not be expected to handle the total situation without the crucial beginnings made by other significant people in the child's life.

After the decision to continue is made, a MEETING is arranged. The social worker's role here is to assist all parties in feeling as comfortable as possible in meeting unknown people who may become the most important figures in each others' life. The youngster should be given understandable information about the family: photographs and anecdotes that best demonstrate what to expect. The timing of this information is important. Children measure time differently than adults. Several days become an interminable length of time. The meeting should be informal. Suggesting a family activity such as picnics, trips to a park or zoo, a few hours spent walking, playing and/or eating are often helpful. Family and child should be able to spend this time alone. If the social worker must participate (as with a very fearful, younger child), the worker's participation should be minimized and gradually eliminated altogether. The meeting is between parent and child, not between parent and social worker.

Following this meeting, the family and social worker should decide about proceeding further. While not expecting an absolute commitment at this point in the process, the worker should be alert to the seriousness of the family's intentions. There is a risk of damage to the child once the family indicates interest. What if the family later decides this is not the right child for them? What if the child cannot become part of this new family and makes that abundantly clear? But what if this child has no other possibilities for placement? The element of risk will always be present and it is the worker's responsibility to weigh that risk against the possible advantages to the child and family.

If the family and the social worker decide to continue, a series of visits must be planned. Depending upon the age of the child and his or her readiness to move to a new family, these visits may range from a few days in succession to several weekends in a series.

The worker who is alert to the questions and issues arising during these visits may make a successful placement possible during this period. Families are often too excited during the presentation and showing to make much sense out of the information provided by the placement worker. Children "honeymoon" during the initial visits and the reality of a normal behavior pattern may be long in emerging. It is wise to review the total situation between parent and child during these visits to correct information, explain behavior and help the family and the child move toward making a legal commitment to one another. The actual placement is the culmination of this entire process and comes only after the legal filing of the Adoption Petition, the gaining of the Consent and the Order of the judge. The placement also marks the beginning of the post-placement period-- the portion of the process considered by many placement workers to be the most crucial. However, what happens after placement is dependent upon what has gone before. The beginnings the child experienced, his growing awareness and understanding of his separation from the biological family, the sense of trust or lack of it he has developed, the skill of the worker who knew him best, the skill of the placement worker who helped join child and new family, must at all times be viewed as crucial to the future of the child.

Good placement work is a developed skill. A curious blend of warmth and feeling, judgment and sensitivity, make a good placement worker. Scholarship has little or nothing to do with it. Openness to the needs of the child, the situation of the family, has everything to do with it. Risk is always part of the job, but risk must be balanced by cautious, shared judgments. Pain is part of the job, because it is not possible to deal with the realities of a parentless child's history without pain. Over time, a good placement worker develops skill that can help a family make the crucial adjustments to one another. Hard and fast rules of procedure will not help. Understanding will help and so will a commitment to the most secure and permanent placement available to each child in turn.

* In some states, the legal process follows the actual placement of the child with the prospective family. However, Michigan law requires that the legal process precede the actual placement of the youngster.

POST PLACEMENT SERVICES

Just as adjustments follow honeymoons, they also follow adoptive placements. Families ill-prepared for adoption usually discover (to their dismay) that adjustments are required of both parents and child. The skilled worker who has developed a warm and open relationship with the family and taken the time to know the child and his history, is in the best possible position to be of assistance to the adoptive family.

Some families are open to services and communicate this clearly-- even almost eagerly. Here the worker's chief problem may be to keep their expectations within bounds. The worker can provide support, can help them analyze and sort problems, can suggest solutions or direct them to resources, but the worker cannot solve every problem or explain every situation. Some families are much less eager to signal the need for service. This may be because their relationship with the worker is more tentative, or because they are embarrassed at not having anticipated the need for such help, or simply because their style is such that they do not find it easy to ask for assistance. The experienced worker anticipates this and will try to prepare the family to receive any necessary help even before placement. This is accomplished by reminding the family that this will be a unique situation just as each child is unique. Families tell us that placement workers tend to be the most interested and faithful listeners. Neighbors grow weary of parent/child stories and friends expect one to listen to their parent/child stories too. The social worker's interest is constant and reliable.

It is usually helpful to remain in close contact with a new adoptive family. This does not mean constant home calls. It may well mean telephone calls or even an occasional written note. Repeated contacts signal the family that the worker is interested and available. (The worker should take care that the calls or contacts are equally as assuring in nature as they are inquiring.) These contacts help the worker make a judgment as to how much help the family may need and want. It is often helpful to schedule a home contact within a few weeks after initial placement to review the presentation material again in the light of the parents' current experience with the youngster. Many parents remember little or nothing of the presentation material because of their excitement at learning of the availability of a particular child. It is only after living with that child for a while that some parts of the placement worker's information takes on shape and meaning.

Typically, new adoptive families may need assistance in enrolling a school-age child in the new school, or in gaining admission to a special classroom situation. They may need help in choosing a doctor or dentist for their new child, in applying for medical insurance or benefits, in getting information about parents' groups, or in joining organizations established to help parents of similar children. New adoptive parents may need to again review the information they will provide family and friends about their child and his history. They will also need to be prepared to help their youngster grow in his own understanding of separation and adoption.

Some agencies offer parents a variety of services in groups. Adoptive parents can often better help other adopters more than any social worker. If the worker can offer some broad predictions of when a family might wish assistance, it often makes it much easier for families to ask for help. We know, for example, that children entering school for the first time are often questioned by other children as to their family and origins. Many adopted children need special help and attention to reassure them of their status. Adolescence can be an unsettled time for any child, and adopted youngsters prove no exception. The effort of achieving adulthood can produce natural probings into who-am-I and how-is-it-that-I-am-often-at-odds-with-those-who-should-be-closest-to-me. The time of marriage and parenthood are highly significant to an adopted person and their family may well wish for some special help during those times. Typically, agencies and families have long severed their relationships by these times. But it seems more desirable to establish a strong and early relationship which will permit and even encourage contacts during these significant times.

The placement worker who has encouraged the family to establish an open and honest relationship must be emotionally prepared for the stress and strain which accompanies the family encountering difficulties. Worker panic is typical, but the realization that all families, including adoptive families, have crises, as well as the realization that stress and strain is an experience common to most workers dealing with the normal ambivalence of families, will make the situation more tolerable.

Most of the placement worker's efforts are seemingly geared to helping families (which, beyond placement, include parents and child) sort out the "adoption problems" from the "child problems." But that can be a difficult task when crisis seems everywhere at hand. The worker's ability to provide genuine confidence in the family's ability to meet the crisis and overcome it is crucial. Also crucial is the talent for listening carefully, gaining a balanced perspective, then helping the family sort through the difficulties, assign priorities, and undertake a suitable solution.

ADOPTION DISRUPTIONS

To workers committed to bringing children and parents together, a "broken" or disrupted adoption can be a demoralizing, even a depressing experience. One fact is clear. When placing older and handicapped children, the rate of disruption increases dramatically. When infants are placed for adoption, disruption usually occurs because parents fail to adjust. When older and handicapped children are involved, disruption occurs not only because parents fail to adjust, but because the child and the family fail to make crucial adjustments to the seriously damaging experiences the child brings with him into the placement. At Spaulding, our disruption rate going back six years stands at about 10 percent. Of those youngsters, all except two were placed with another family. (One teenager learned that he did not want adoption; one younger boy finally convinced all parties that he could not manage close family relationships.) Most of our children who experienced a disruption were moved to a second adoptive home directly from the first adoptive home. Adoption is like marriage: some thrive, some survive, some break up. We must prepare ourselves to accept certain risks if a maximum number of waiting children are to have the opportunity of permanent placement with a family of their own.

Knowing the child before placement through a composite evaluation would help minimize disruptions. So would the early establishment of an open and honest relationship with the adoptive family. This would permit the family and worker to concentrate on problem areas together. But despite those best efforts, some adoptions will not work out and the stress may become so severe that termination of the placement is in order. How to handle that situation? What will become of the child? What will become of the family? What can the worker do to alleviate the guilt and depression that accompanies such a decision? How can the worker survive the experience?

The attitude of the worker is crucial. A positive attitude that the situation does not mean failure for all concerned is imperative. Disruption should not come as a surprise to any worker who has been involved in regular post-placement services. It is most often the final action which follows a series of differences or problems. In adoption the worker must be able to help the family understand the normal ambivalence they feel toward almost any child, to point out the absence of the earliest possible emotional relationship, to highlight the potential frustrations of living closely with a child damaged by the necessity of separation from his biological family. But even beyond that, the worker must be able to understand that some families will learn that they cannot live with a given child, or that a particular youngster may not be able to make the kind of relationship demanded by a particular family, or that mis-judgments of the child's functioning or of the family's abilities make continuation of the placement impossible. If disruption can become yet another step in the process of resolving the future of the child, then all concerned can look at the experience differently. The worker can gain a more accurate understanding of the child. The family can come to grips with those areas where they can help a child move toward a family relationship and those areas where they cannot. The child can deal with his pain if he has the support of worker and family and the assurance that he too can learn from this experience and work toward another family placement.

Many workers panic at the appearance of any problem in an adoption. Still more workers panic at the mention of disrupting an adoption. Yet many disruptions are actually in the best interest of the child and family. It is hard for the worker to accept that in view of the difficult work ahead. The worker's task is to help the family and child understand clearly and honestly why disruption is the best plan available. The anger, guilt, and frustration must surface. But the worker's ability to provide the calm assurance that the final result of the decision will be more satisfactory for all parties is a key element.

The worker must be prepared to help both child and family continue having positive feelings about themselves. The necessity to disrupt the placement usually becomes clear by reviewing the history of the placement with the family and/or child. Understanding the necessity of disruption is important. So is sharing the responsibility of the decision. (It is a logical and mutual conclusion, not an exercise in blame assignment.) The family will usually need the worker's help in explaining their feelings to the youngster. The youngster often needs similar help from the worker. All parties will need opportunity to sift the decision more than once. The situation must be handled with great sympathy for the child's position, but faith in a better relationship ahead. For many children, return to a former foster home simply signals failure and embarrassment. (It may also signal the worker's lack of confidence in him as a child wanted by another adoptive family. In some agencies, it may also mean submerging him into a system of benign neglect where we give him "time to heal" that lasts forever.)

The worker's role with the family should continue through and beyond the actual moving of the child. They will need support in their decision and opportunities to learn how to handle this situation with other children in the family, with relatives, friends, and neighbors. They will also need help in determining if another adoption is practical or possible. (Two of our families who experienced disruption later adopted another child from us. Both placements have been very successful.)

It is our conviction that social workers can only survive disruptions if they understand them as a normal part of the placement experience. We moved to a "team concept" of supervision four years ago and discovered that since placement decisions were always and only made by the team, disruptions no longer had such profound, depressive impact on the individual worker. The fact that the team concept also provided a device for the individual worker to ask for and receive the assistance of a team member in evaluating a puzzling child or preparing a particular family has permitted us to view the disruption experience with a clear conscience. We have done what we can to reduce the possibility of worker error or family misperception. We still work on helping families explore their own capacities before placement, but we know that to demand iron clad guarantees is impossible. To find families for the many children who wait, we must assume recognizable risks and learn by daring.

SOME PARTICULAR CHILDREN

Marty

Marty was almost five when he was referred to Spaulding for placement. An unusually handsome little boy, he had been called "a confusing charmer" by his worker. He had Cerebral Palsy which has substantially weakened the left side of his body and the muscles in his throat and mouth. (Cerebral Palsy results from damage to the brain or nervous system before, during, or after birth.) Marty seemed healthy at birth and was released for adoption by his mother at three weeks of age. At five months his adoptive family began to notice that he fell to the left when propped in a sitting position. By a year, he had just learned to sit unsupported, pull himself up and crawl. He used only the right hand in reaching for things. His parents became alarmed and began taking him to a series of doctors. They receivod a diagnosis of Cerebral Palsy and some degree of retardation. Though the family had become very attached to Marty, they felt they could not deal with these handicaps and made the decision not to finalize the adoption. Marty then became a ward of the state.

By the time Marty was referred to Spaulding, over three years later, he was in his seventh home. His rate of development had varied from year to year according to the amount of stimulation and exercise he received from each foster family. By age four, he had made great physical gains. Although he wore a brace on his left leg at night, he was an active child who walked, ran, climbed stairs and rode bicycles. Marty's left hand remained closed and very weak. By this time, his physical problems seemed less handicapping than his slowness in social and academic areas. Marty had almost no recognizable speech, drooled almost constantly and had many difficulties chewing and swallowing food. He functioned more like a two year old than a four year old. He was given psychological tests several times. Results ranged from "serious mental retardation accompanied by an emotional component" to "this child is not seriously retarded and may be reasonably intelligent." Marty had several convulsions in his early years and an abnormal E.E.G. indicative of brain damage and possible seizure disorder. At times he was unruly and very hyperactive, while at other times he seemed calm and happy. He was a very loving child who had much to give to a family who could encourage him and yet live with the uncertainities of his future.

Our first task was to gather as much information as possible on Marty. The Spaulding worker assigned to evaluate him went to the University of Michigan Medical Library to learn about Cerebral Palsy. She then arranged to visit the child's agency and read his file. (When we read a child's file we check the legal documentation, verify birthdates, legal names, and the phraseology of Court Orders to rule out mistakes and discrepancies. We also carefully read the medical portion of the files since it is our responsibility to discuss any medical conditions with an adoptive family and we need to have as complete a picture as possible. We check to see if all follow-up work requested by the doctors has been done. We also frequently give the child's worker a list of specific questions to ask the child's doctor.) Marty's file was quite complete and contained several detailed reports from medical specialists. It was clear that no one could predict Marty's ability to learn or to develop speech. He had been seen recently by a psychologist and was scheduled for another E.E.G. His immunizations and dental care were up to date. Our only request was another physical examination shortly before placement, to comply with our state statute.

Before talking to the foster family, we also read Marty's history for any clues of behavior patterns to anticipate in an adoptive home, situations which might be best for him, what he could give to a family, and what kinds of strengths a family would need to parent him. Armed with notes about particular areas to discuss, the Spaulding worker and Marty's worker together went to talk with the foster mother. The foster mother, prepared for their coming, seemed eager to express her own concerns and observations about Marty and the kind of family which would be best. She also seemed reassured to see the care we were taking in learning as much as possible about Marty before deciding on a family. (One of the most important and sensitive steps in the adoption process is to help the foster parents deal with their own ambivalence and concerns in coming to see this move as good for the child. If a child moves into an adoptive home with the support and approval of his foster parents, he is likely to adjust to the new family with much more ease.)

For over an hour, we asked specific questions about Marty's habits, preferences, schedule, personality traits, etc. As always, we were especially interested in how he related to various members of the family and to others. Did he show a preference for older or younger children? For men or women? What methods of discipline worked best with him? Did he like to be cuddled and by whom? Answers to these questions would help us put together a picture of the kind of family in which Marty could best function. The Spaulding worker then played and talked with Marty, finally taking several Polaroid pictures. This allowed her to observe Marty and get some intuitive feelings about him. (It is much easier and more convincing for us to talk to a potential family about a child we have met and responded to positively. If we do not respond positively to the child, as happens at some point with every worker, we might ask another Spaulding worker to meet the child and help out with recruitment efforts or transfer the child to another worker altogether. This was not necessary with Marty for he was a very appealing child and we felt that he was a loving child who could give a family many emotional rewards.) Ideally, we would try to locate a family which did not have children close in age to him. He needed a great deal of contact with children but also much individual attention and a noncompetitive situation. Although we did not feel he was severely retarded, we would have to find a family who felt they could continue to accept him if he proved to be retarded. Our predominant impression was that he needed a non-pressuring family who could be content with small gains and provide a great deal of emotional warmth and support.

We had one such family waiting for a boy. They had three daughters, ages two through eleven. They seemed unusually relaxed and without rigid expectations for children. We told them everything we knew about Marty except the names and addresses of his various families. They were very interested in our information and a packet of materials furnished by the Cerebral Palsy Association. After reading this, they asked several questions about his handicaps which indicated they were doing a great deal of realistic thinking and talking. When their questions were answered they were very interested and wanted to meet Marty. We arranged for Marty to come visit his worker's office. We had not yet told him of adoption plans as we wanted to wait until we knew we had a family for him. Marty had not been in his present foster family long, and we felt he would be more confused than helped by talk of a move. We would explain what would happen a week or two before he would be visiting the family.

After seeing Marty, the couple seemed impressed with him and felt they had done as much thinking and deciding as possible without spending more time with him. We arranged a weekend visit in their home (across the state from his foster home) to give them more time together and to introduce him to the girls. He was prepared for a visit to the family but not told of any adoption plans. However, he may well have suspected that this was going to be his next family. After one visit, the family came to a painful decision that Marty needed far more individual attention than they could reasonably give. After discussing the weekend with them, we supported this decision. (Two months later, the family adopted a ten year old boy with minor emotional problems and have been excellent parents for this child.) Although the damage to Marty could not be gauged, we felt it was to everyones' benefit that this family had been able to be honest with themselves and with us.

Because we had no other potential families, we decided to seek a family for Marty through the newspaper. We had contact with a reporter from a medium-sized city in Michigan who was doing adoption publicity. After checking educational and medical facilities for handicapped children in that area, we discovered the facilities were available and excellent. The newspaper arranged and paid for Marty's photograph to be taken by a local photographer. The reporter then interviewed both the Spaulding worker and Marty's child care worker. (In obtaining publicity, we are careful to be honest and specific in presenting the child's problems. In these articles, we do not use the word "retarded" because of its frightening implications to most people. We do however describe the child's level of functioning, his slowness to learn and his possible degree of dependence, if any, as an adult.) The article emphasized Marty's slow development in all areas but presented his slowness as more related to physical and emotional causes than to limited intelligence. We received eleven responses. Six of those families ended up adopting handicapped children through Spaulding. (Such a high percentage of families completing the process is very unusual, but may have occurred because this area of the state had barely been tapped as a resource for handicapped children. Our mentioning the fact that we charged no fee and were not looking for perfect parents with high incomes may also have encouraged people to call who might otherwise have believed they would never be allowed to adopt.)

One family who called about Marty had applied to Spaulding within the month and were in the earliest stages of the process. Their married daughter had read a newspaper article about the agency and suggested that they apply. This couple, Donald and Mary, were in their forties, had two married children and one daughter in high school. They had previously applied to a private adoption agency but were told they would not be eligible because Donald was paralyzed from the neck down as a result of Multiple Sclerosis. He had a very adequate income from Social Security and the Veteran's Administration. (Because his illness was diagnosed shortly after leaving the service, he received a 100 percent disability payment.) They were experienced parents who enjoyed being parents and missed having young children at home. They also had contact with children in institutions and knew how damaging numerous moves could be for a child. They were interested in adopting children with major physical or mental handicaps because of their familiarity with handicaps and their realistic appraisal of a handicapped child's opportunities for adoption. Between their fear of being turned down, their non-verbalness and the worker's discomfort in talking about Donald's condition, the first interview was difficult for everyone. By the second interview when all parties had relaxed, the worker began to see them as a good family for a handicapped child such as Marty. They seemed accepting of children and committed to adoption. Their marriage was solid. Their teenage daughter was quite mature, close to her parents, and very interested in having younger brothers and sisters. An older brother and sister indicated willingness to rear the child should their parents die or become incapacitated. We began to assure the family that we felt the adoption of the kind of children of interest to them could be appropriately handled by our agency and that we would be willing, upon finding such a child, to take their case to the judge. We could not guarantee he would agree to placement, but as long as we felt as good about the parents as we did, we were prepared to argue with the judge if necessary. In the meantime, we talked to Donald's doctors and gathered enough information on Multiple Sclerosis to educate ourselves and the judge.

Donald and Mary attended a group meeting for adoptive couples and met another Spaulding worker who agreed that they could be good adoptive parents. We decided to talk with them about Marty. We were beginning to interview the families who responded to the publicity, but knew it would be several weeks before we could know them well enough to make a decision. Since this family would be ready sooner and seemed so appropriate we would let them decide whether they might be interested. They were familiar with handicaps and not likely to be overwhelmed by Marty's multiple problems. (There were no other young children in the family, but grandchildren and neighbors could provide contacts with other children. Above all, they seemed mature, nurturing, and accepting. The decision was made in terms of Marty's best interests, not a priority afforded the families responding to the newspaper publicity.) As soon as we told Donald and Mary of his availability, they began thinking of him as their son. The worker went through Marty's file with them, filling them in on the many pages of Marty's history. Although most people who knew Marty well felt he was not retarded, we told Donald and Mary that they needed to feel they could parent a retarded child. Again, they seemed sure they could. We discussed other problems such as Marty's frequent unruliness and his lack of speech. We also talked about the many positives that Marty had to offer, but agreed that it would be better to be as well prepared as possible to deal with Marty's handicaps. We then sent a copy of the adoption study to the agency having custody of the child. They seemed willing to trust our judgment and indicated they were willing to proceed with a showing.

The couple and their daughter met Marty in his foster home for a "blind" showing (where the child is not aware of the couple's possible interest in placement). The meeting between the adoptive parents and the foster mother went reasonably well. After a half hour, the adoptive family, Marty, his worker and the Spaulding worker went to the local airport. Marty was somewhat hyperactive but seemed comfortable with the family. When the afternoon was over, he asked to ride back to the foster home in Donald and Mary's car. When they invited him to spend a weekend with them, he seemed interested. His worker spent a week preparing him for the visit, indicating that the people liked him and wanted to get to know him better. The following weekend they returned, spent some time with him in the foster home and then brought him to their home, which was across the state. Marty was tense and very hyperactive. The family began to see how difficult the adjustment was going to be for Marty and for them, but never waivered in their decision. Because he had so little speech, they also had to learn his ways of communicating. That weekend, they began talking to Marty about adopting him. For the next two weeks, his worker and his foster mother also talked to him a great deal about his new Mom and Dad. He had a scrapbook of pictures of the new family, their home, and their pets. He seemed understandably ambivalent at the idea of moving and increasingly clung to his foster parents.

During this period, we had filed our documentation in court and were waiting for the judge to approve the placement. He did so with very little hesitation. During the next visit of five days, Marty settled down considerably. Because of the distance between the foster home and the adoptive home, and to keep from confusing Marty, we decided to have him make the final move within a few days of the five day visit. On the day of the move, his worker picked him up and brought him to the agency office where his new family met them and took him home. Though he seemed tense and excited, he was glad to see his new family and eagerly went with them.

Donald and Mary have needed relatively little post-placement service with Marty. During the first six months, Marty became frightened when a worker visited the home but he soon began to learn that he would not be taken away again. From the beginning, the family has felt very close to him and proud of him. They are strict parents and have not had discipline problems at home, although some teachers and babysitters have been frustrated by his hyperactivity. Although his parents have never viewed him as retarded, nor have his teachers, Marty attends classes in a school for the orthopedically handicapped. Unfortunately, his lack of speech has been found to be related to poor muscle control in his mouth and throat. Therefore, Marty will continue to have major speech problems. This is, undoubtedly, his biggest handicap. He now uses his left had far more than previously. He has been with his adoptive family for nearly four years now, and seems to be a happy and relaxed child.

Jean and Kathy

In January 1971, Spaulding received a referral on two sisters. The referral was a challenge because of the age of the girls and the diagnosed retardation of the eldest. In addition, there had been sporadic long-term involvement with their biological siblings. Jean, age 14, and Kathy, age 15, had lived in many homes since being removed from parental custody because of neglect at ages four and five. An older biological sister, who was married and had provided a home for the girls for a short time, was particularly interested in keeping the family together. She arranged family gatherings at Christmas and provided transportation. Although Jean and Kathy did not seem overly dependent on these ties, they did enjoy them and saw family members about once a month while in foster care.

Prior to the official referral in January, the girls' child care worker had called us in October to see if we felt we could place the girls with an adoptive family under these conditions. Previous child care workers had talked to the girls about adoption but had accepted their answer that they wanted to stay in their present foster home (where they had been for less than a year) and retain family contacts. However, the foster family was not interested in permanent foster care. Because the girls would have to move eventually, their worker preferred a move to permanency. After the initial Spaulding contact, the Spaulding worker talked to the foster mother and the girls about adoption. The foster mother seemed supportive of such a plan. The girls were not opposed and seemed rather interested. It was reassuring to them to know they would have several visits and could not be adopted without their written consent. (Under Michigan statute, any child ten years or more must give written consent to their adoption.) At about the time of the official referral to Spaulding, the girls' worker visited their brothers and sisters, explaining the adoption plan. Surprisingly, they were not resistant to this, but felt it would assure their sisters a home and permanency for at least the next few years.

Jean, age 14, was a bright girl who was surprisingly happy and well adjusted for the amount of separation she had experienced. The girl was well liked by children and adults and able to stick up for herself. Kathy, age 15, was a slow learner who had failed in regular classes and was now making outstanding academic progress in a special education class. She consistently achieved a score in a mid-70 range of I.Q. tests, but more importantly, she functioned as an over-achiever with a strong desire to please. She was reasonably skilled in verbal and social skills and was always described as a well behaved, nice girl.

To learn more, two Spaulding workers went to the school to interview the girls' teachers. (Two Spaulding workers were assigned in this case because one was fairly new to staff and not yet experienced in how to evaluate children. With help from the other teammates however, she was to be responsible for recruiting a family and placing the girls.) They asked the teachers about the girls' academic progress, their ability to relate to peers and adults inside and outside the classroom, their work habits, etc.

As always, it was important to directly ask and then assess whether or not the teacher liked the child and saw the child as happy. All teachers emphasized how well both girls got along with people and how cooperative and rewarding both girls were to work with. Both seemed to be functioning at a level the teachers felt was consistent with their potential.

The workers met Jean and Kathy for an hour and a half at the foster home. First they talked with the foster mother about the girls' home adjustment, their likes, dislikes, and personality traits. Afterwards, the workers encouraged the girls to talk about any concerns or questions they might have. It was clear that the girls wanted to be placed together and be assured of freedom in contacting brothers and sisters. The Spaulding worker who was to find a family for them made arrangements to return, take them out, and to get to know them better. She was very impressed with the girls and saw them as very normal teenagers. In discussing the girls later at a staff meeting, we disagreed as to how many adjustment problems the girls would have in placement. Some of us who were then dealing with some very complicated teenage placements felt it was dangerous to assume that because the girls appeared so well adjusted and "normal" that they would continue this pattern in a new home. Although we remained somewhat stalemated, we served as checks and balances for each other in preparing the family and the girls for what was to come. Later, we found that the nature and frequency of problems in this placement varied dramatically from time to time.

Spaulding had recently been approached by a family interested in adopting a family group. They had been married 14 years, were childless, and wanted children very much. They had been members of the Council on Adoptable Children (an organization of adoptive and potential adoptive parents) for several months before approaching an agency. Although they had a beautiful home and more income than many of our families, they enjoyed simple family activities. Both had some experience with children and knew that adopting older children was going to be difficult. They realized they would have much more limited freedom and privacy once they adopted, yet they felt the pleasures would outweigh the frustrations.

In talking with families, we spend minimal time discussing family and marital history. Instead, we focus on talking about children, both those with whom the family is familiar and those whom Spaulding has placed. We emphasize early that our job together is not to get them approved or rejected as adoptive parents, but to decide what kinds of handicaps, problems, and personalities they can best deal with and what kinds of rewards they will need from children. The worker and the couple, Jack and Louise, came to the conclusion that they would probably not be terribly threatened in helping their adopted children deal with past memories or relationships. However, they thought they would have difficulty in dealing with a very rejecting or rebellious child. Increasingly, the worker became convinced that this was the family for Jean and Kathy. Interestingly, there was the same difference of opinion between the parents as among our staff. Jack seemed less certain that the girls would function as problem-free as they had to date. Louise was more easily convinced they would. Observing them discuss this difference convinced us that they were able to deal with problems and disagreements openly and directly. This would be important in living with teenagers.

We arranged for the parents to meet Jean and Kathy in a restaurant. Two days later, the parents decided to adopt the girls and begin visits. The Spaulding worker went to talk to the girls who were very excited and asked many questions. That weekend, she took the girls to Jack and Louise's home for a visit. This visit went extremely well and the girls decided they wanted to be adopted. This was the first of many weekend visits during the six weeks prior to legal placement. Transportation was shared by the adoptive family and both agencies. Eventually, the girls began taking the bus back and forth. The Spaulding worker remained in close contact with the girls and the family to help work out problems. Both girls remained enthused about the placement, even when they realized the family was going to set somewhat tighter controls on their activities than they desired. Though the girls were not yet asking to contact brothers and sisters, we established a procedure for contact when they were ready to do so.

During the first ten months of the adoptive placement, this family had fairly routine adjustment and parent/teen problems to solve. Because the girls had always lived with relatives or called their foster parents "aunt" and "uncle" they were surprised at the closeness and the expectation that "we are all responsible for each other." Though they both ultimately came to see this as an expression of caring, Jean especially had some difficulty giving up some of her accustomed freedom and independence. Kathy, a more conforming person, adjusted fairly easily and blossomed under the structure, encouragement, and time spent with her. As her worker said, "every day she gains more sparkle in her personality and more confidence in her own capabilities." Jean's mood swings and periodic dissatisfaction were normal for her age and were treated as such by her parents. They liked her energy and imagination even though it kept them on their toes.

Within two months of confirmation of the adoption, Jean quite unexpectedly decided she did not want to be adopted and that she wanted to leave. Ignoring the agreed way to make contact with her siblings, she left home, called her sister and got her involved in an elaborate struggle concerning parental controls. Our attempt to arbitrate differences between Jean and her adoptive parents came to naught since Jean was not interested in finding a solution and her parents, threatened by this rejection, became more rigid. Jean succeeded in manipulating everyone by saying we had promised she could still decide whether or not she wanted to be adopted by this family and now she did not. Finally, after observing that we had an epidemic of teenagers saying the same thing and creating the same crisis, we began to realize that by giving an adopted teenager the option to leave the family whenever he or she was unhappy, we were doing both the child and the family a great disservice. We began to realize that an adopted child, like any child, needs to test his or her power and limits but be assured that he will not be allowed to go too far. Therefore, we told Jean that she had given her written consent to the adoption and as long as her parents wished to remain her parents, we would not move her to another home. Yet, we all knew that we would not request confirmation of the adoption until she wanted it. Kathy, alarmed by all the talk of leaving, asked for her adoption to be confirmed on time. Although this left the parents with some fear that Jean could still reject them, it meant that the family unit was intact at least for the time being. Jean seemed satisfied with the solution and calmed down tremendously. The family went back to solving other problems and learning to live with Jean's ambivalence. The strength of relationships in this family continued to grow and no problems arose which they could not handle. As the end of the second year of placement neared, the parents signaled the worker that Jean was ready to talk about confirmation. Jean later told the worker she had decided some six months earlier and had just been waiting for someone to ask. The girls, now in their late teens, continue to do very well in this family.

COMMON HANDICAPS AND THEIR IMPLICATIONS

COMMON HANDICAPS AND THEIR IMPLICATIONS

The following is a discussion of common handicapping conditions. The consideration of age has not been included, though it is an important factor in evaluating a child for placement. While younger children are normally easier to place and to integrate into a family, it can be very difficult to predict the future of a physically or mentally handicapped infant or toddler. Therefore, it is sometimes easier to find and prepare adoptive parents for an older and handicapped child than for a very young child.

It is very evident that any worker seeking placement for a child who has a permanent handicap must become a "mini expert" with regard to the implications for child's and family's future. We have found that it is extremely important to be able to respond to the child's positives, going past the handicap and future limitations. Without a doubt physical appeal or attractiveness is very relevant to placeability.

We have learned that those handicaps which are visible (i.e. Cerebral Palsy, blindness, cleft palate, etc.) tend to be more easily understood. It is such less visible handicaps as diabetes, epilepsy, emotional disturbance, and retardation, etc., that seem to be more problematic primarily because families seem to feel they can make these conditions "go away" if they cannot be seen. The following is a brief summation of common handicaps, future implications, and a list of written material available which may be helpful to workers and parents.

1. Blindness

It seems that blindness should be self-explanatory, but there are a couple of issues to be considered. What is described as legal blindness may be very different than what is generally thought. A child may have peripheral vision (sides only), cone vision (just straight ahead), vision in one or the other eye, no night vision, etc. All have different implications for education and normal living. It is important to know that a child with even minimal vision is not as handicapped as a child with no vision.

The Association for the Blind has written information.

2. Cerebral Palsy

Cerebral Palsy is a catchall term which refers to a group of conditions resulting from brain damage (the most apparent is an inability to coordinate or control muscles). Other results may include convulsive disorders, limited general intelligence, problems in ability to think and express thoughts, and speech, hearing, and visual problems. A child with Cerebral Palsy has loss of muscle control in one or more parts of his body. Cerebral Palsy is not hereditary, but results from damage done before, during, or shortly after birth and is often attributed to lack of oxygen to the brain. It is a permanent disability and cannot be cured. It is not a deteriorating condition if muscular activity and prescribed therapy are consistently used.

It is extremely difficult to describe the problems in evaluating a child with Cerebral Palsy because more than any other handicap it is very individualized. A crucial part of predicting the future of such an individual is in terms of his own motivation. Adding to that are the opportunities within the community for education and occupational therapy. Most children with serious limb involvement attend orthopedic schools (part of the public system) and go to Occupational Therapy and Physical Therapy as part of the curriculum.

United Cerebral Palsy Association 66 East 34th Street New York, New York 10016	"Cerebral Palsy" 25¢

Your local chapter of the March of Dimes organization will provide written materials and reference persons.

3. Cleft Palate

An individual with a Cleft Palate may have a slight disability or one which interferes permanently with functioning. A Cleft Palate results from a failure to close off the palatal processes of the upper jaw. In its mildest form, it can mean weak muscles in the back of the throat affecting speech. The more serious forms range from a "hair lip" (a split in the lip) to an open hole in the roof of the mouth, involving teeth, lip, nose, etc. The cause of Cleft Palate is unknown, but it is suspected to run in families.

Treatment for Cleft Palate is long and drawn out, and generally deals primarily with the cosmetic problems. The lip or other soft tissue is corrected in the first year of life. The palate, if repairable, is treated by the fifth year, otherwise an obturator (plastic palate-like denture) is used. Generally, long term speech therapy is required. Often, as an individual matures, more plastic surgery is needed to better define nose and lip.

The primary difficulties in dealing with a child with a serious Cleft Palate are in relation to emotional problems regarding acceptance by peers. These difficulties do not usually start until school begins. Communication may remain a problem throughout adulthood.

Little written material is available in public libraries. One needs to rely on information from oral or plastic surgeons and speech pathologists.

4. Deafness

Deafness is one of the most often overlooked handicaps primarily because of the lack of visibility. It is important to know that emotional difficulties are often connected with deafness, more so than other handicaps. Often deaf children are mistaken for retarded children because of their responses to the world.

The degrees and causes of deafness are too detailed to list here, but many are treatable. There is usually an ability for verbal language.

Public and private educational facilities are available. It is important that education start at pre-school level.

Association for the Deaf has much information.

5. Diabetes (Juvenile)

Although diabetes mellitus is a relatively common disease, the implications make it a fairly severe handicap in evaluating a child for adoptive placement. The disease itself means a variety of problems, most commonly known is the inability of the body to tolerate sugar. When the onset of this disease occurs before age 12, it dramatically complicates the physical problems. Controlling diet, insulin, and exercise is crucial. The emotional difficulties which accompany the need for close supervision often increase the problems. The 6th and the 12th years are peak periods for emotional as well as physical problems because of the start of school and the onset of adolescence. In spite of the fact that most people consider diabetes to be a controlled disease, one must realize the long term implications of monitoring the child and structuring daily routine around his needs.

Of particular help to children with diabetes is the growing use of small group therapy (talking out feelings, etc.) and camps designed especially for diabetes. Close contact with and trust in the physician is imperative. In areas where available, children should be seen by a specialist in diabetes.

The Diabetic Association in any large city can provide additional written material and may even be able to provide contact with the family of a diabetic child. The Juvenile Diabetes Foundation provides a source of information and support for parents of diabetic children.

6. Mental Retardation

An individual is labeled mentally retarded if he performs on a psychological test below 75 I.Q. points. However, different tests measure different aspects of learning and none of the tests are "culture free." Mild retardation is equated with an I.Q. of 50 to 75, and indicates that the individual is "educable." Most children in this group can reach a third to fifth grade level of academic achievement, and should be independent in activities of daily living. Generally, those with an I.Q. greater than 65 and without severe emotional problems can be expected to achieve an independent existence as an adult. They should be able to work as unskilled or semi-skilled laborers, and assume family responsibilities. *Moderate* retardation implies I.Q. scores between 25 and 50 and the individual will have few significant academic achievements but will be "trainable" and can go to school primarily for training in self-care activities. The trainable individual may learn to read and write at a first grade level. Vocational placement is usually limited to employment in a sheltered workshop and supervision during adulthood is necessary.

When evaluating a retarded child for placement one must be very careful to attempt to evaluate how much environmental experience influences functioning. Children with even mild emotional problems can also function in the mildly retarded range. Imperative to accurate evaluation of any retarded child is a *good* physical and a *good* psychological examination using a variety of test devices. For a worker who is unfamiliar with retarded children of varying degrees it may be helpful to visit a school setting where "educable" and "trainable" children are taught.

Most public libraries have a large selection of books dealing with mental retardation.

7. Perceptual Handicaps or Brain-injured children

An individual is labeled brain-injured when his ability to perceive the world around him, to think about it, and to respond to it in effective ways, is damaged. Usually there are no *visible* signs of this problem. The injury may have occurred before, during, or after birth, can produce a wide variety of learning disabilities, and can include motor centers of the brain and central nervous system. (When it interferes with motor function it is described as Cerebral Palsy.)

Generally, a brain-injured child's behavior may include hyperactivity (which may be helped with medication), inconsistent learning patterns, distractability, and inability to make use of standard teaching techniques. Often the child will be of normal or near normal intelligence.

Unfortunately, the problems of the brain-damaged child may be so varied that it is difficult to pinpoint the problem and to provide an environment which is optimal for learning.

Physicians, psychiatrists, and psychologists are just beginning to deal with the causes, and schools are just beginning to plan for dealing with the effects. Often for parents the most difficult problem to handle is the child's difficulty in dealing with family and peers because of the erratic behavior.

National Easter Seal Foundation 2023 West Ogden Avenue Chicago, Illinois 60612	"The Brain Injured Child" 25¢ (pamphlet)
Health Information Services U.S. Government Printing Office Washington, D. C. 20402	"Learning Disabilities due to Brain Dysfunction" No. 1646 20¢ (pamphlet)

Raising a Hyperactive Child by Mark A. Stewart, M.D. Harper and Row (book)

8. Spina Bifida

Spina Bifida is a birth defect which involves the nervous system. It occurs when the vertebra bony units which cover and protect the spinal cord fails to develop fully and the spinal cord fails to form into a tube and send out enough nerve fibers to the muscles below. As a result, a child may not be able to move his legs, may not feel heat, touch, or pain, and may not be able to learn bowel and bladder control. Frequently, another problem accompanies spina bifida-- hydrocephalus, which is an abnormally rapid and excessive enlargement of the head due to a fluid back-up. Usually this may be treated immediately with a shunt or tube which is inserted to drain fluid off the brain. This must be done as soon as possible, because brain damage may result from the increased pressure.

A child may have a varying degree of involvement with lower extremities. Many children are able to walk unaided. Others require braces and crutches, while still others are restricted to a wheel chair. The bowel and bladder function, but are nearly always suceptible to infection. Often, surgery is required to remove bladder, kidneys, and to close the colon. The hydrocephaly seldom causes further problems once a shunt has been properly inserted. However, early damage can result in mild or even severe retardation. Many children with spina bifida are of average or higher intelligence.

Generally, children attend schools or classes for the orthopedically handicapped if wheelchair-bound. Others may be in regular schools but receive some form of occupational or physical therapy.

The Spina Bifida Association has written material and could put a family or worker in touch with another family. Also, they have regular meetings and get togethers.

Association for Aid to Crippled Children "The Child with Spina Bifida"
345 East 46th Street
New York, New York 10017

34.

RESOURCES

RESOURCES

When you hope to find an adoptive family for a waiting child, familiarize yourself with the implications of any diagnostic information available on the youngster. Now set out to learn what you might wish to know about a particular handicap if you were considering the adoption of just such a child. Usually you will have to seek out information from a variety of groups and organizations. Most of these groups will provide pamphlets and lead you to resources available in the various states and counties. But you must take the first step. Call or write them. Enlist the help of experienced adoptive families and prospective adoptive families in adding to the list of resources we can provide you as a start.

Blindness

National Federation of the Blind
218 Randolph Hotel Building, Des Moines, Iowa 50309 (515) 283-2601

Social Security Administration
(check telephone book for local office)

(Provides financial assistance to the blind.)

Wayne County Department of Social Services for the Blind
640 Temple, Detroit, Michigan 48201 (313) 256-3428

(Provides job placement, training, physical restoration, rehabilitation teaching and counseling for persons over 16 years of age and information regarding resources available locally for children under 16 years and special services such as leader dogs.)

Cerebral Palsy

United Cerebral Palsy Association, Inc.
66 East 34th Street, New York, New York 10016

Detroit Cerebral Palsy Center
10 Peterboro, Detroit, Michigan 48201 (313) TE3-4307

(Provides services either directly or through referral for clients in the tri-county area. Services include: medical care, therapy, recreation, social activities, parent guidance, psychological testing, counseling, day care, and group play experiences.)

Deafness

International Association of Parents of the Deaf
814 Thayer Avenue, Silver Spring, Maryland 20910

Educators' Guild, Detroit Day School for the Deaf
6301 Greenview, Detroit, Michigan 48228   Mr. and Mrs. Robert Physician

(Many larger cities, some counties and PTA organizations have formed parent groups for families of the deaf.)

Detroit Hearing and Speech Center
19185 Wyoming, Detroit, Michigan 48221 (313) 341-1353

(Offers educational programs, parent and professional workshops, hearing aid evaluation, otological screening, therapy and counseling to the hard-of-hearing.)

Diabetes

American Diabetes Association
18 East 48th Street, New York, New York 10017

Michigan Diabetes Association
6131 West Outer Drive, Detroit, Michigan 48235 (313) 34209333

(Disseminates scientific knowledge of diabetes to the medical profession and diabetics; discovers diabetics so they may be properly treated; promotes medical research and supports a summer camp for diabetic children.)

Juvenile Diabetes Foundation
35 N.E. 17th Street, Miami, Florida 33132

Michigan Juvenile Diabetes Foundation
1400 Kirts, Troy, Michigan 48084

(Local chapters composed mainly of parents of diabetic children raise money for research. They also offer moral support and counseling to other parents of diabetics and sponsor educational programs for the public.)

Mental Retardation

National Association for Retarded Children
2709 Avenue E. East, Arlington, Texas 76011

Michigan Association for Retarded Children
736 Michigan National Tower, Lansing, Michigan 48933 (517) 487-5426

(This group promotes general welfare and understanding of the mentally retarded, research, study and training of personnel, and assists in the formation of local chapters, coordinating their activities, information and programs.)

Wayne County Association for Retarded
701 Parkland Towers West, Dearborn, Michigan 48126 (313) 336-3900

(Serves as administrative, centralized control group for adult sheltered workshops, day training and pre-school programs for children under three years; adult recreational activities.)

Michigan Department of Public Health; Division of Services to Handicapped Children
252 Hollister Building, Lansing, Michigan 48904
(formerly the Michigan Crippled Children's Commission) (517) 373-3640

Wayne County Division of Services to Handicapped Children
1060 West Fort, Detroit, Michigan 48226 (313) 256-3682
(formerly the Wayne County branch of Michigan Crippled Children's Commission)

(Administers crippled children's act; provides medical and surgical treatment of crippled and afflicted children who have a condition that can be remedied and whose parents or guardians are financially unable to provide such service in whole or in part.)

Perceptual Handicaps or Brain-Injured

Association for Children with Learning Disabilities
2200 Brownsville Road, Pittsburgh, Pennsylvania 15210

Michigan Association for Children with Learning Disabilities
2338 North Woodward Avenue, Royal Oak, Michigan 48073 (313) 548-4455

(Some school districts have formed parent groups, much like PTA, serving as educational organizations to promote understanding, diagnosis, evaluation, professional training, facilities, and legislation to finance special education programs.)

Epilepsy Foundation of America
1828 L Street, N.W., Washington, D. C. 20036

Epilepsy Center of Michigan
10 Peterboro, Detroit, Michigan 48221 (313) 321-0105

(Serves as a research, diagnostic and information resource.)

Miscellaneous

General Information and Referral Centers
United Community Service of Metropolitan Detroit
51 West Warren, Detroit, Michigan (313) 833-3430

(These groups are often listed in the telephone directory under Community Information or Volunteer Bureaus. Many are funded by local community fund raising organizations.)

Health, Education and Welfare funded school programs

(The local county director or intermediate school district superintendent has information regarding the various specialized programs offered in their area. Examples: Titles I, III, and VI provide funds for a variety of services to handicapped children.)

Michigan Association for Emotionally Disturbed Children
668 Pallister, Detroit, Michigan 48202 (313) 873-3660

Muscular Dystrophy Associations of America, Inc.
1790 Broadway, New York, New York 10019

Muscular Dystrophy Association of America
400 West Marshall, Ferndale, Michigan 48220 (313) 399-8800

(Supports research, public education and patient services. Provides medical care and supportive services through their clinic. Serves a six county area.)

National Association for Autistic Children
621 Central Avenue, Albany, New York 12206

Wayne County Chapter of the National Society for Autistic Children
32522 Lyndon, Livonia, Michigan 48154 (313) 388-1741

(This group assists families in the car and education of their autistic children, promotes public awareness and diagnosis of autistic children, supports training and education for teachers and professionals.)

National Association for Mental Health, Inc.
1800 North Kent Street, Arlington, Virginia 22209

Michigan Society for Mental Health
27208 Southfield Road, Lathrup Village, Michigan 48076 (313) 557-6777

(Seeks to obtain continuous improvement and expansion of services for the mentally ill in state, federal, and community levels. Society holds conferences, workshops, publishes newsletter, bulletins, and pamphlets; provides referral services for treatment and information; is a source of information for professionals.)

National Cystic Fibrosis Research Foundation
3379 Peachtree Road, N.E., Atlanta, Georgia 30326

National Cystic Fibrosis Research Foundation, Metropolitan Detroit Chapter
1528 Woodward, Detroit, Michigan 48226 (313) 965-1276

(Supports research and public education, assists parents of cystic fibrosis patients to obtain equipment and drugs. Located in most counties.)

National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Avenue, Chicago, Illinois 60612

Easter Seal Society of Wayne County
2545 Hyde Park Drive, Inkster, Michigan 48141 (313) PA2-3055

(Provides information, consultation and referral for physically handicapped children and adults. Services include a summer camp for children, club and recreational program for all age groups, loan equipment, assistance with transportation and payment of diagnostic fees. Centers located in the counties; handicaps served vary in each center.)

National Foundation - March of Dimes (Birth Defects)
P. O. Box 2000, White Plains, New York 10602

National Foundation - March of Dimes (Birth Defects) Metropolitan Chapter
20100 Greenfield, Detroit, Michigan 48235 (313) 864-6000

(Prevention and treatment of congenital malformations or defects of body function or chemistry present at birth, through programs of research, patient care, public and professional health education. Through referral and direct aid services, provides assistance in prenatal care, genetic counseling, diagnosis and treatment, and sponsors scholarships in related health fields.)

National Kidney Disease Foundation
116 East 27th Street, New York, New York 10016

Michigan Kidney Disease Foundation
3378 Washtenaw, Ann Arbor, Michigan 48104 (313) 971-2800

(Establishes and maintains steroid-type drug banks throughout the state; provides grants for research, promotes professional, public and parent education; financed through foundation supporters a special clinic at Children's Hospital of Michigan for diagnostic and referral purposes.)

We have given you some information on what we have learned over the past several years. Hopefully you end with even more questions than when you began reading. That is a good and healthy sign. More than anything else, we hope to leave you with a sense that this is, in most instances, a job that can be done by any reasonably sensitive and committed child welfare worker willing to learn from families, from children, from other social workers. A good friend once said that each waiting child's future is limited only by our vision of him. It can be the most rewarding and exhilarating social work experience you will have; it can also be the most exasperating. But for each child you come to know it may be the difference between waiting and belonging.

ADOPTION OF CHILDREN WITH SPECIAL NEEDS:

II. Letters to Subcommittee

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN

July 22, 1975

U.S. Subcommittee on Children and Youth
Senator Mondale, Chairman
443 Old Senate Office Building
Washington, D.C. 20510

Statement for inclusion in testimony proceedings resulting from the hearings on the problems of adoption of children with special needs held by the Senate Subcommittee on Children and Youth on July 14 and 18, 1975.

Thank you for the opportunity to present both written and verbal testimony on behalf of the NACAC on July 18, 1975. The summary of the position of the Executive Board of the NACAC with respect to S 1593, formulated on July 19, 1975 follows.

The Opportunity for Adoption Act speaks with sensitivity to a widespread concern for children in need of permanence. We commend this concern.

The Council endorses the provision in the bill for a National Office of Adoption Information and Services. We would hope that this National Office would institute a foster care tracking system to help to identify those children in need of services. Since a majority of the children thus identified will be special needs children, money must be made available for planning and training grants to provide direction to those responsible for placing these children. Since Title XX now provides funding for direct services, we would recommend that S 1593 drop its provisions for direct services and instead support an extension of Title XX to cover Federal Financial Participation in post finalization adoption services to the adoptive family, and in the services to the adopted child as outlined in the "Model State Subsidized Adoption Act", recently distributed by the Office of Child Development. This Model State Subsidized Adoption Act speaks directly to the concern I raised in my testimony on July 18th that a subsidy for a period longer than the 3 to 5 year period allowed in California is needed and that an adoption subsidy may be for special services only, or for money payments or for any combination of the foregoing. It also speaks to the concern voiced by Pat and Mark Kravik that, in certain special cases, as with a mentally retarded child, the subsidy could extend past majority.

If Title XX is thus used to provide for the direct services outlined in S1593 then the funding level for the running of the National Adoption Center, for planning and training grants, and to cover expenses of the Regulations Committee may not need to exceed 10 million dollars.

Finally, I urge that S 1593 make formal provision for the inclusion of involved and knowledgeable adoptive parents on the Regulations Committee.

Sincerely yours,

Linda Dunn
Linda Dunn, President NACAC

☒ 250 EAST BLAINE ST. RIVERSIDE CALIF. 92507, 714-682 5364
☐ 1400 FIRST ST. RICHELIEU, QUEBEC J3L 3X2, 514-658 2441
☐ 2361 ALGONQUIN RD SCHENECTADY, N.Y. 12309, 518-374 7175

The Children's Home Society

of North Carolina, Inc.

Administrative Office: 740 Chestnut Street P. O. Box 6587 Greensboro, N. C. 27405 Telephone 919 274-1538

Mrs. J. H. Froelich, Jr., President

Miss Ruth McCracken, Executive Director

August 1, 1975

Senator Alan Cranston
4230 Dirksen Senate Office Building
Washington, D. C. 20510

Dear Senator Cranston:

It was with much pleasure that I appeared, on July 14, 1975, before the Subcommittee on Children and Youth. I, too, regret that it was not possible to spend more time talking about the adoptive placement of children with special needs as this is a vital and important issue and one which deserves the most thoughtful consideration of the Subcommittee and those who are privileged to testify before that Committee.

Because the time allowed did not permit me to make reference to comments submitted by The Children's Home Society of North Carolina on Senate Bill 1593, I refer you to page 6 of the written material submitted prior to the hearing. These comments were an outgrowth of the best thinking of the administrative staff of The Children's Home Society of North Carolina and we believe that they are valid suggestions. As you know, The Children's Home Society of North Carolina was established in 1902 and has seventy-three years of experience in the placement of children with special needs. For the last twenty-five years, our agency has designated a separate part of its program specifically to recruit, study and offer post-placement supervision to those families welcoming hard-to-place children.

I am glad to share our views on the questions which you have submitted.

1. Because adoption subsidies are not available in North Carolina, our agency has not had experience in this kind of assistance to adoptive families. It would seem that long-term subsidies would be appropriate and helpful as long as financial need is demonstrated. Such subsidies would have to be based on each family's income and annual reviews of the need for continuing such assistance would be essential as provided in Senate Bill 1593. It is our view that an adoption subsidy assistance program in North Carolina would be particularly helpful in recruiting black families for black children and families who

are interested in handicapped children for whom required medical treatment is expensive and beyond the family's means. Long-term subsidies, if available, would seem to be appropriate.

2. The Children's Home Society of North Carolina has never had access to federal grants. We are currently exploring Title XX under which the "match" is three-for-one. Such a "match" seems reasonable but our agency has no prior basis for determining a suggested percentage.

3. Because Senate Bill 1593 is nationwide in scope and our agency does not have sufficient information regarding the number of children needing adoptive placement throughout the country, we are not in a position to comment regarding a specific dollar authorization for this bill. Perhaps it would be helpful to the Subcommittee for us to share our estimated costs involved in placement.

   a. The estimated placement costs for an infant coming into the care of The Children's Home Society of North Carolina is about $2,300. Such costs would include casework services to the biological parents and their families, foster care for the infant, study and approval of the adoptive couple and post-placement supervision of the adoptive family through completion of the legal adoption. (1974 cost estimate)

   b. Placement costs for the child with special needs (referred to our agency through our Inter-Agency Placement Program) are estimated at $3,650. This estimate would include cooperation with the referring agency in gathering social, medical and legal information about the child, preparation of the child for placement, recruitment, study and approval of the adoptive couple, bringing the child and the family together and time-involving post-placement supervision of the child and the adoptive family through completion of the legal adoption. (1974 cost estimate)

4-a. All five areas covered by Senate Bill 1593 seem important as each one focuses on the needs of the child which is an essential ingredient in placing children with special needs. It would seem that area two would be least important as it relates to the child with special needs as these children are not generally newborn infants. (Please refer to page 6 of our written material, comments #2 and #3.)

Areas one, three, four and five would seem to be equal in importance.

4-b. I am aware that the Subcommittee on Children and Youth has been exploring the many problems inherent to the independent placement of children. As a representative of a licensed, voluntary child-placing agency, I would strongly suggest that licensed adoption agencies afford many safeguards not available through independent placement. Your Committee is in a position to safeguard the rights of children through legislation and to protect children through agency adoption. It is of growing concern to our agency that, in independent placements, the needs of children are not fully considered, nor their rights protected. Your Committee may already have given its consideration to strengthening legislation to provide agency adoption for all children and I would strongly urge that this be done.

Though the answers to your questions may not be as comprehensive as you would have hoped, they do express the views of our agency, based on its experience. I hope this additional information will be of help to the Subcommittee which we commend for its thoughtful study of children needing adoption.

Our agency is privileged to participate with the Committee in this timely and vital endeavor.

Cordially yours,

Ruth McCracken
(Miss) Ruth McCracken
Executive Director

RMcC:lh

NATIONAL CONFERENCE
OF CATHOLIC CHARITIES
OFFICE OF THE EXECUTIVE DIRECTOR
1346 Connecticut Avenue, N.W., Suite 307 • Washington, D.C. 20036 • (202) 785-2757

EPISCOPAL LIAISON
The Most Reverend
Timothy J. Harrington, D.D.
PRESIDENT
Rev. Joseph M. Sullivan
FIRST VICE PRESIDENT
Rev. Roger J. Coughlin
SECRETARY
Sister Marie Gaffney, M.S.B.T.
TREASURER
Mr. Edward A. Gallagher
EXECUTIVE DIRECTOR
Rev. Msgr. Lawrence J. Corcoran

September 8, 1975

Honorable Alan Cranston
United States Senate
Washington, D. C. 20510

Dear Senator Cranston:

I am replying to your inquiry at the hearings on July 18 as to a suggested level of authorization for S. 1593.

First of all, as to the question of Federal/State match in Section 1402, we would generally recommend a 75/25 match with the addition of some incentive or bonus to States who speedily move children into permanent situations either with biological or adoptive parents -- perhaps a 90/10 match might be provided on the basis of excellent performance and would thus help the States help these children secure the parenting they need.

Secondly, we have consulted with various agencies and are in general agreement with the Child Welfare League's feeling that an authorization of $36 million would be essential to launch a meaningful program. You will undoubtedly hear more about this from Elizabeth Cole and from the National Council of Organizations for Children and Youth, of which we are a member.

Sincerely,

Lawrence J. Corcoran
Rev. Msgr. Lawrence J. Corcoran
Executive Director

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TREASURER
Mr. Edward A. Gallagher

EXECUTIVE DIRECTOR
Rev. Msgr. Lawrence J. Corcoran

August 6, 1975

Honorable Alan Cranston
United States Senate
Washington, D. C. 20510

Dear Senator Cranston:

At the hearing on the adoption of children with special needs on July 18, you asked me to respond to your question relative to a suggested level of authorization. I would like to beg leave to delay my response until early in September.

We do not have some of the data in our office which might facilitate our answer, and want to consult again with some of our key agencies. In addition, since various forms of assistance would be provided by the bill we'd like to think through carefully the question of what State matching funds should be required; our thought is that the match might vary for different forms of assistance.

Sincerely,

Lawrence J. Corcoran
Rev. Msgr. Lawrence J. Corcoran
Executive Director

DEPARTMENT OF ADOPTIONS
COUNTY OF LOS ANGELES
ADMINISTRATIVE OFFICES
2550 West Olympic Boulevard, Los Angeles, California 90006
(213) 381-2761

LENORE K. CAMPBELL
Director
MOLLIE GINYARD
Deputy Director
HELEN RAMIREZ
Deputy Director
R. T. KRUSE
Administrative Deputy

DISTRICT OFFICES:
Antelope Valley
Inglewood
Long Beach
Los Angeles
San Fernando Valley
South Central L.A.
West Covina

August 1, 1975

Senator Alan Cranston
4230 DSOB
Washington, D.C. 20510

Dear Senator Cranston:

Attached are replies to your questions of July 14, 1975. I hope you find them helpful, and I look forward to following the progress of S. 1593.

Very truly yours,

Helen Ramirez

Helen Ramirez
Deputy Director

Attachments

ja

QUESTIONS FOR HELEN RAMIREZ

1. I know that Los Angeles County is now in the process of evaluating its adoption subsidy program. Can you tell us a little about some of your present thoughts and perceptions about the success of adoption subsidy in Los Angeles County?

   I refer you to a copy of the attached letter from our Director, Mrs. Lenore K. Campbell, to you. I have indicated in red pen the sections which I feel cover this question. This letter highlights a philosophical point of view, raises questions of a non-time-limited subsidy and payments that could equal the full foster care established rate.

2. Los Angeles County has a most impressive record for the adoptive placement of children with special needs. Can you tell us if many other adoption units in the country are as successful?

   I am attaching a copy of a report sent out by our State Department of Health for the month of April, 1975, and have circled in red pen the total number of adoptive placements throughout California. As you will note, out of a total of 217 placements, we placed the largest number — 83. The number placed by the other Counties in California which have adoption agencies plus all the private adoption agencies are indicated on the attached report. This month (which is the latest report we have) is proportionately representative of what we place monthly.

3. Is there a mechanism for coordination among the adoption agencies across the country?

   The Child Welfare League of America has assumed this role in terms of setting qualitative standards of service among adoption agencies. As a part of the Child Welfare League of America, the North American Center on Adoption has been established to disseminate written materials, promote and support legislation, plus educate the public and communities to the needs of adoption agencies, etc.

   In terms of matching of children with adoptive families, a resource is the Adoption Resource Exchange of North America (ARENA). Within California, we have the Adoption Resources and Referral Center (ARRC) for this same purpose.

4. Why do so many potentially adoptable children "get lost" in foster care?

   Natural parents need consistent help in trying to rehabilitate themselves to the point of being able to offer their child a home and be re-united. Too often, help offered is sporadic and lacks follow-through.

At times, social workers tend to be too optimistic about the rehabilitative capacity of natural parents and let too much time pass in which the parents' efforts at rehabilitation are scattered and unrealistic.

There is also the long-standing factor of too heavy caseloads for social workers which perpetuates children being "overlooked."

All the above contribute toward children getting lost and remaining "in limbo" in foster homes.

5. Can you estimate the number of foster parents who have chosen to adopt the children under their care when advised of the availability of subsidy assistance?

Since the beginning of the Aid for Adoption of Children Program (AAC) in April, 1969, we have granted subsidies to 647 children placed with foster parents. This is out of a total of 1,034 agency foster home placements since April, 1969.

It is difficult to evaluate how many of the foster parents' decisions to adopt were based on receipt of a subsidy. What we can state is that 387 foster parents (or 37% of the total foster parents adopting) were able to do so without a grant and that these foster parent adoptions during this period were a result of the agency's making known to them the possibility of their adopting.

6. How have these foster parent adoptive placements worked out?

These foster home adoptive placements have been highly successful so far as we know.

QUESTIONS FOR AGENCY PANEL

1. I would like to ask each of you on the panel to give us your views on the question of long-term versus limited-time adoption subsidy assistance.

   Refer to reply for No. 1 on "Questions for Helen Ramirez."

2. S. 1593 provides for grants to States for the purpose of assisting in meeting the costs of adoption. Could each of you tell us what you feel the Federal percentage of such grants should be, and your reasons for determining such a percentage.

3. S. 1593 authorizes the appropriation of "such sums as may be necessary" to carry out the purposes and provisions of the new title it creates. I would like to ask each of you to tell the Committee, either now or later in writing, what you feel that sum should be so we can decide whether to put a specific dollar authorization into the bill.

   The State Department of Health would be the agency best able to reply to the above two questions, as they determine such budgetary matters. For this information, please write to Miss Mary Sullivan, Chief, Adoptions Branch, 744 "P" Street, Sacramento, California 95814.

4. S. 1593 authorizes funds for adoption assistance and services in five particular areas.

   a. Which of these areas do you feel is most important?

      It would seem the most crucial area in which the Federal goverment should place emphasis as well as provide financial assistance to States is in the establishment of a system whereby children in need of adoption can be identified. Concurrently, help must be given in a strong recruitment of adoptive homes program along with the training of staff within these areas.

   b. Are there other areas you feel should be covered that are not now?

      S. 1593 seems most comprehensive and we see no major uncovered areas.

COUNTY OF LOS ANGELES
DEPARTMENT OF ADOPTIONS

WALTER A. HEATH, DIRECTOR
LENORE K. CAMPBELL, DEPUTY DIRECTOR
MARY M. O'NEILL, ADMINISTRATIVE DEPUTY

2550 WEST OLYMPIC BOULEVARD
LOS ANGELES, CALIFORNIA 90006
TELEPHONE (213) 381-2761

June 27, 1975

Honorable Alan Cranston
United States Senate
Senate Office Building
Washington, D.C. 20510

Dear Senator Cranston:

I appreciate your sending S. 1593 and the material from the Congressional Record dated April 29, 1975, on this bill.

We are very fortunate in California for the progressive legislation related to adoptions enacted in this State over the years, as well as the program support and recognition, both in financing and administrative backing. With the support that we have received from all levels of government, as well as from the community, there has been an opportunity for us to be innovative and flexible in meeting the needs of children for adoptive permanence.

We recognize the wide disparity in the laws, practice and adoptive programs among the different states. If there could be more uniformity of laws and procedures, expansions of programs, and cooperative efforts among agencies throughout the country, more children would benefit both within individual state programs, as well as making interstate placements less complicated. So, in essence, the intent of S. 1593 is very sound.

It has been about five years since the field of adoptions moved from the placement of infants to those of older children and other hard-to-place youngsters. This change has brought the challenges of identifying these older children and re-educating the community at large, as well as delivering these needed child welfare services. We have met these challenges very quickly and fortunately, in most instances, soundly.

We are now at a point of taking a hard look at where we are, and the implications of this for the future. One of the areas we are examining is subsidized adoptions. As you may know, this is a controversial issue from the point of philosophy and reality. It has been discussed for at least the past year with staff, our Adoptions Commission, some adoptive parents, and other agencies.

Philosophically, there is a dichotomy between adoption and subsidized adoption. Adoption has always presented the view that an adopted child is a member of the family, and like all natural children, with a share-and-share-alike philosophy. The adopted child has been recognized as having a difference in terms of his parentage, and this difference is one that both the adoptee and the adoptor need to handle over the years. When a child can be subsidized until age 18, however, a new element is introduced. He is no longer like the other children in the family, nor in the community, but is in an additional different status, with which he must deal and which has many emotional and practical implications.

We feel that this difference has not really been recognized and explored sufficiently to know all of the feelings and implications of it. It is one thing, for a time-limited period, to help a family meet the particular needs of the child until they can absorb full costs but it is another thing for a child to be permanently subsidized for basic maintenance or to have some psychiatric or orthodontic help, for example, not available to other children in the family who may have an equal need.

By being able to pay up to the full amount of board and care, there is no recognition that some of the payment is for service and not related just to the actual financial expense of the child. A higher board rate often is paid in relation to the behavior and/or emotional problems of the child, many of these being similar to those that parents are expected to handle without pay for a child born to them. The subsidy poses the question as to how much of handling behavior not involving any cash outlay is the inherent and/or expected responsibility of parents, be they natural or adoptive. Is there a different commitment to the child, and with it a different relationship, when a parent accepts his role responsibility of parenthood with the knowledge that at some point he will assume full responsibility, and that the adopted child in this sense will then be like other children in the immediate family and community?

Realistically, we do not know whether we would be increasing the placements if a subsidy program was not time limited. Those placements we have done to date have had a time limit of five years. We are just getting to the end of that five year period with some of our families, and we are in the process of doing an analysis of the kind of children and families who have been receiving subsidies, the length of time of the subsidies, the amount, the age of the child at the initiation of the subsidies, and the reasons for them. I would hope we might be able to do some follow-up as to how families have adjusted to the termination of a subsidy. To me, this needs to be looked at before we move into a non-time-limited program.

It is a difficult program to implement, even with a built-in review, and needs constant attention to keep the subsidy objective and, therefore, realistic. Subjectivity is apt to come, both on the part of the adopting family and the worker. It is easy for a family to rely on a subsidy, even when it is no longer tied in with special costs for a child and, therefore, to get very disturbed when a decision to reduce or terminate seems indicated.

We question philosophically an open-ended subsidy because of the effect on the child. We also have reservations of a subsidy permitting the approximation of full board and care payments. We plan to evaluate our current subsidy program, doing a more in-depth analysis of the effects of a time-limited subsidy. We believe that many states do not have a Crippled Children's Program that can assist an adoptive family with certain medical conditions, as does California. However, ideally, it would be our hope that needed medical, dental or psychiatric services will be made available for all children throughtout the country when parents are unable to meet the full cost.

I am passing on these thoughts to you to indicate where our thinking is at this time. It seems to point towards the idea that time-limited subsidies or a longer subsidy, if only related to specific medical costs which cannot be met through the family's own resources or available community resources, might be more appropriate at this time until there has been an opportunity to evaluate and share experiences on subsidies to date.

Sincerely,

(Mrs.) Lenore K. Campbell, Director
Department of Adoptions

LKC:eds

bcc: Mrs. Elizabeth Cole, Director
North American Center on Adoption

TABLE 2A. RELINQUISHMENT ADOPTIONS

APRIL 1975

Agency	Requests to arrange adoptive placements			Children under study				
	Received during month	Dispositions during month		Dispositions during month		Under study at end of month		
		Children accepted for study	Children not accepted	Children placed for adoption	Service terminated	Not relinquished		Relinquished
						Unborn	Born	
All agencies	689	476	166	217	336	675	2,291	1,892
County agencies	577	432	145	170	315	607	2,199	1,667
Alameda	22	22	-	14	20	12	159	76
Contra Costa	8	7	-	-	3	8	38	24
El Dorado	4	1	4	-	-	3	9	3
Fresno	5	12	-	-	-	-	24	8
Imperial	-	-	-	-	-	-	24	10
Kern	8	3	-	3	3	3	58	66
Los Angeles	130	123	7	83	85	145	821	650
Marin	-	-	-	1	1	-	18	9
Monterey	2	3	1	1	2	3	28	20
Orange	40	30	10	7	8	24	95	56
Placer	-	-	-	-	-	-	2	4
Riverside	11	13	-	3	3	24	122	43
Sacramento	21	15	-	1	28	63	65	46
San Bernardino	68	12	76	10	10	20	90	83
San Diego	98	62	20	14	80	134	217	162
San Francisco	15	15	-	7	6	1	51	170
San Joaquin	9	5	2	4	2	9	28	16
San Luis Obispo	5	2	4	1	-	3	-	-
San Mateo	4	4	-	3	-	7	12	32
Santa Barbara	4	6	-	2	8	6	22	19
Santa Clara	47	35	12	7	21	118	172	71
Santa Cruz	9	11	1	2	2	1	39	8
Shasta	12	5	-	1	-	3	5	6
Solano	2	2	-	1	1	3	11	14
Stanislaus	6	4	4	2	1	3	31	21
Tulare	4	2	1	-	3	3	28	20
Ventura	29	8	3	2	9	12	30	30
Private agencies	104	68	15	43	17	66	40	191
Catholic Social Service of San Francisco	2	2	-	1	1	1	4	17
Catholic Social Service of Sacramento	1	1	-	1	-	-	-	-
Children's Bureau of Los Angeles	-	-	-	-	-	-	3	11
Children's Home Society	28	28	-	24	2	-	-	120
FAMILY MINISTRIES	1	-	-	2	-	5	2	1
Holy Family Adoption Service	47	20	14	5	8	27	24	26
Infant of Prague Adoption Service	5	5	1	4	6	6	2	8
Latter-day Saints	19	11	4	6	-	27	4	7
Vista Del Mar Adoption Service	1	1	-	-	-	-	1	1
DEPARTMENT OF HEALTH	8	6	2	4	4	2	52	34

ADOPTION OF CHILDREN WITH SPECIAL NEEDS:

III. Articles

OLDER CHILDREN NEED LOVE TOO

About the Author

JACQUELINE NEILSON has a masters degree in social work from the Hunter School of Social Work, New York City. She is a supervisor in the older children's program and the Tayari program (an outreach office specializing in services to the black community) of the San Diego County Department of Public Welfare, Adoption Services Section, San Diego, California. This agency provides inservice training for all staff under the supervision of a child psychiatrist.

Miss Neilson has worked with psychotic and severely distressed children as well as with normal children in child welfare programs. She has had many years' experience in mental hygiene programs helping persons committed to state hospitals in both institutional and aftercare programs.

Introduction

MANY OLDER CHILDREN are in need of adoption. The Children's Bureau of the Office of Child Development is urging social agencies to focus more attention on older children who have not been considered for adoption. This description of a San Diego adoption program for older children explores the psychological difficulties faced by older children who should be adopted. It will be useful in inservice training programs for social workers who have had little experience in placing older children. It will help foster parents to guide foster children toward adoption and give adoptive parents an understanding of the emotional upheavals that have affected older children unable to return to their families. Jacqueline Neilson's realistic description of the adoption process for older children should be of interest to all people concerned about children who drift from home to home.

Frederick C Green M.D.

Frederick C. Green, M.D.
Associate Chief, Children's Bureau

OLDER CHILDREN NEED LOVE TOO

THE TRADITIONAL PICTURE of an adoption worker handing a bundled infant to a grateful young couple may eventually become only one part of the adoption story.

Adoption is changing as a result of a number of factors, including professional development of the process and shifts in community attitude. There are also many more families currently eager to adopt children than there are infants available for placement. Contraceptive pills are more accessible, and abortions are becoming legally permissible and respectable as a solution to the unplanned-for child. More young mothers may be keeping their out-of-wedlock children, possibly indicating a new trend. All of these factors have had an immediate impact on the availability of infants and therefore on adoption. What their long-term effect will be is yet to be determined.

In every child welfare program there are abandoned, neglected and/or abused children. They are the "orphans of the living"—white, black, bi-racial, and Indian children —who suffer from adult prejudices and are relegated to foster care in protective and dependent child programs. They are children with handicaps that will not prevent them from becoming functioning adults but will require special handling. All of these older children have the same right to a permanent adoptive family as the abandoned, orphaned, or relinquished infant.

Foster Care Geared to Impermanence

Americans display a strong need to preserve the ties between children and their biological families. Our laws rightfully make it difficult to remove a child arbitrarily from his natural parents. Child care agencies, however, are faced with a growing number of children whose natural parents are emotionally cut off from their off-spring and unable to provide them with permanent care. The responsibility for raising these children generally lies with programs geared only to temporary care.

A child needs continuous and logical parental care to reach adulthood without extraordinary difficulties. When appropriate, this can be provided through a permanent foster care arrangement. However, every child who cannot return to his family should have the opportunity for adoption. Although many agencies permit foster families to adopt, the whole program is geared toward impermanence in the foster home and return to the natural parents.

Since we try to recruit the kind of people for foster care who want a child temporarily, we should not be surprised if they eventually bid him a tearful goodbye. Every agency has a handful of unique families who stick by a foster child until adulthood. Out of this handful there are a few families who make their foster child a true member of the family, and every effort is made by the agency to see that this commitment is given legal permanency through adoption. But for every child who has had this fortunate experience, the files would probably show several others who are forced to endure a series of placements. For one reason or another, usually through no fault of their own, some foster children have to be moved from one home to another. Each home, in itself, might provide an excellent place for the child to be reared, but a series of homes occurring during the formative years provides a poor child-rearing environment. We have all seen the psychic damage caused by this drifting.

Consider the child who is unable to continue being reared by his own parents. His problems are often complicated by the fact that his own mother and father were not skillful parents and gave him few opportunities to grow normally. The child is disturbed, distraught, and in grief over losing his home and family. He has no idea what the future holds for him. He is taken into a foster home and soon learns the rules of that family and begins to settle down to a new way of life. Time passes. The child gets along well and has a feeling of comfort and of being loved. Children in these circumstances frequently do not understand that they are foster children and cling to a false sense of security. Something happens within the foster family making it impossible for the child to remain. Often a relatively strange social worker tells the child that he must move to a new home. Sometimes this move also means another social worker, leaving the child again totally surrounded by strangers. At best, his social worker will see him once a week and attempt to get him to explore his feelings about moving. Observation of most child welfare programs indicates that due to heavy caseloads, welfare workers are rarely able to continue intensive visiting for more than a few weeks, if even that long. The difficult task of dealing with the child's feelings falls by default to the new foster mother.

When the child is told, "You are safe here, now; we will love you and care for you," he doesn't believe it. He has been told that before in other placements. He depends quietly or rambunctiously on his own personality structure as he tries to discover the new rules within this family. Is it bad to go into the refrigerator and help oneself? If he has to go to the bathroom at night, should he call out and wake his new mother to help him? Can he find where the bathroom is in this dark, new household? The child is expected not only to function in the new household according to the rules, but to respond warmly to the foster family's gift of love.

After a number of moves, the child loses his ability to feel deeply for anything or anybody, and with each additional change, he is less willing to give himself emotionally. As a result, he may be considered unadoptable because of his failure to establish meaningful relationships. This child, however, is simply responding normally to the dehumanizing experiences that he has undergone.

Children who stay with their parents expect security and love to build up over the years. Foster children who must be relocated, leave their security and love in bits and pieces in one foster home after another. They often fail to develop a clear picture of themselves, and frequently, having blocked out the past, their self-concept is limited to the present.

These children should have been considered for adoption as soon as their social workers recognized that their natural parents were not going to reassume their parental role.

San Diego Program

Philosophy, Policy and Staff

SAN DIEGO COUNTY ADOPTION SERVICES has never had an upper age limit for placing a child for adoption, and intake has never been closed for any reason. Our philosophy is that the child who needs a family is adoptable. Based on our experience, we have developed a philosophy, policy and method not necessarily new but carefully coordinated to increase appreciably the chances that children over six will find a permanent family.

The program's policy is based on the belief that failures in adoptive placements of older children are more likely to occur if the agency social worker does not fully understand the child and the potential of adoptive families. The foundation of our program is the relationship between the child and the worker who is going to make the placement. All other aspects of the children's program are secondary.

Social workers are chosen on the basis of their interest and innate skills in handling children as well as for their professional and academic backgrounds. Intellectual understanding of children is but a partial substitute for the unselfconscious ability of a worker to invest himself in a child.

Workers are trained intensively to understand children from a theoretical point of view as well as to acquire thorough knowledge of the personalities of individual children. This does not mean simply collecting a detailed history of the youngster's life. Workers are required to visit a child at least once a week and to become familiar with all aspects of the child's behavior. In the Older Children's Unit, we have found that 10 to 12 active cases per worker is a reasonable maximum.

Working With Natural Parents

Many of our children, although often originally referred by the court or a child protective agency, are relinquished directly to us by their natural parents. This gives us a unique opportunity to understand the child's background. The worker's job is two-pronged. He must help the child to understand the distressing situation, and the parents to explore their feelings and form the best plan for their child. During this period, we do not consider the case as simply an adoption case. We view it more as a problem of planning for the child's future, with adoption held out as only one possibility. Our workers are prepared to explore and implement any appropriate plan that the parents consider best for their child's care, even if adoption is rejected.

Key Is Child's Trust

The social worker must earn the child's trust. The child has to have time to understand how much he can trust himself with the worker. Too often we go to a child and try to explain a series of events in a brief period. A better approach would be to present the child with a realistic picture of his circumstances from the very beginning. For example, when first placing a child in a foster home, the worker might say, "This is a foster home where you will stay right now, but we will be looking for a permanent home for you." At the time the child is freed by court action, the worker might say: "Your own mother had some grown-up problems of her own. She felt scared and ran away. The judge feels you need new real parents who will take care of you."

What gives a child confidence in his social worker is having the opportunity to express over a long period of time his feelings about what is happening to him. If the child comes to realize that the worker truly does know how he feels, he will be more willing to trust the worker when she finally says: "I think I have found the right family for you; I can't be sure until you get to meet each other." From the first contact, the worker anticipates that this child will some day have to accept a permanent home with a totally strange family on the strength of his faith in the worker's genuine concern for his future.

A child can be told that he will be placed in a given situation, and he must go. This is reality, and the child is perfectly aware of it. He has no choice because he is not able to care for himself. How he approaches the situation, what his feelings are, and what he is willing to give of himself in the experience are directly related to the quality of his relationship with the person making the decision on his behalf. Workers recognize from the very first day that they must help children face reality according to their capabilities to understand. Many of the things adults do with children to attempt to make a painful situation more bearable are not appropriate. For example, a worker told two children that they were going on vacation to Los Angeles rather than that they were being placed with a new family. This was out of the worker's own fear of upsetting the children.

If a parent has treated a child brutally or neglectfully, the fact must be faced and discussed. The worker must not be judgmental, because, in a sense, this child is a part of the neglectful parent and may come to fear the worker's judgmental attitude. A child cannot separate from his own parental situation, whether it was a real one or a fantasy that built up in his mind over the years, unless he has some other reality to take its place. In many respects, the problem of a parent's relinquishing a child is only half the task. There is also the aspect of the child's understanding the parent enough to accept the meaning of the parent's action so that he, in turn, may relinquish the parent. Some children can do this totally, some children only partially, and some never. The quality of their relationship with a new family will relate very much to this capability.

Handling Separation

The worker must understand the tremendous impact of separation and grief upon the child. Again, this is a very difficult circumstance for most normal adults, because permitting a child to suffer goes against their instincts. The worker must realize that the child is entitled to his own feelings. While the child must receive the comfort of human companionship and understanding during this period, he must not be "comforted out of the feeling of grief." The worker's willingness to permit the child honest mourning and to talk honestly about these feelings will help the child develop a sense of reality about what is actually going on. Otherwise the child will form a fantasy and will blame himself for the unhappy experience.

The truth of some children's experiences is very harsh. If they are unable to accept it, they will adopt any of a number of defenses commonly used to avoid feeling what cannot be tolerated at the moment. The worker must hold the truth available and be sensitive enough to know when the child has become ready to cope with it.

The worker must also have the capacity to withstand the emotional barrage that a child can direct toward him in times of distress. A child may need the worker to mother him, and the worker has to be able to do this, still realizing that his role is that of a worker and not a mother. He must help the child to understand what is going on, so that the child himself does not become confused in roles. The worker needs the kind of equilibrium and flexibility that will permit the mothering of a child without either of them being confused as to who the mother will be in reality.

Building on a Child's Past

A study of the child is a continuous process from the time he is first known through his final contact with the agency. In this agency, strenuous efforts are made to keep this process in the care of the same worker for as long a period as possible. In endeavoring to provide continuity for a child, workers are involved with every aspect of the child's environment. For example, they work with parents and relatives and with other agencies if there is need to utilize the agency's services in corrective treatment. The keystone of the worker's activity is the concept of establishing or restoring continuity to the child's life. As the worker is able to reconstruct and understand the experiences of a child's previous life, he helps the child to the same understanding. Workers are encouraged to think in terms of this approach even if they are working with a very young child who is expected to be placed quickly.

First, this approach enables us to make a better choice of family. We are able to provide more accurate information about the child to the family and also to make reasonably accurate predictions of his response to adoptive placement. Secondly, understanding a child's prior experiences with foster homes and with workers is important in order to handle unexpected occurrences in his life that could thwart the best of plans.

Agency and Foster Parents Work Together

A child cannot survive simply by being understood; he also has to be cared for, and these two factors must be closely coordinated to give a child the feeling that there is a group of people who are concerned about his welfare. The social worker must help the child digest the foster home experience. The foster family does the actual parenting and is available on a 24-hour basis, comforting and caring for the child.

It is the social worker who helps the foster family to understand where it fits into the agency program. The foster family is a continuous source of information about growth and changing relationships with each child, and they can help the worker construct an accurate picture of the child's personality. As the foster family is made aware of the importance of their contribution to the study of the child, the family and the worker can form an effective team to help the child alter behavior that may be unattractive to himself and to others.

> Handsome, bright and charming, nine-year-old Mike had a great deal of initial appeal to everyone who met him. He could, however, quickly alienate both children and adults with his extremely infantile behavior. When this happened, Mike would resort to the same theme: "Nobody likes me; I'll never be adopted." Only after months of combined effort of social worker and foster parents did Mike begin to absorb the idea that it was his own behavior that brought negative responses and that he could learn to modify and control it.
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> I had spent several hours with Mike, and we were ending the day by stopping at an outdoor stand for a treat. Mike, who hated to see anything enjoyable come to an end, suddenly stopped being a charming little boy and began to exhibit the kind of behavior that had caused his removal from several foster homes in the

past. He began to push people in the line ahead of us; to run from one parked car to another shouting at the occupants; to climb on tables where people were eating and to tease a passing dog. He responded to my attempts to curtail his behavior by crawling and rolling around on the ground, jabbering baby talk.

When I finally exploded and sent him back to wait for me in the car, he shouted that I was just like everybody else—I didn't like him either. He was still sulking when I returned to the car. This time, as I had done many times before and had to do many times later, I tried to help Mike make the connection between his behavior and my response.

The following week during a visit to Mike's foster home he told me in his foster mother's presence that he wanted to be moved because she had been furious and punished him "just because she didn't like him." It had been obvious for some time that Mike was trying to play the foster mother and me against each other with reports of "unfair" treatment. Focusing on Mike's behavior rather than on his punishment, I learned from the foster mother that she had finally reacted in honest anger to Mike's repeated demands that all activity stop when he was ready to go to bed and to his beating on the door when she was in the bathroom unable to meet one of his minor needs. The foster mother and I helped Mike to recognize his fear of being left alone. I supported the foster mother's reactions, reminding Mike of the previous week when he had made me so angry. Together, we tried to convey to Mike that even though we loved him, certain behavior would earn him certain responses that would make him unhappy.

Some time later after Mike began to take more responsibility for his behavior, the foster mother recalled this incident as a turning point for Mike. She felt that by talking with Mike together, we had helped him to hear more clearly the message we had been trying to convey separately for some time.

The Adoption Section conducts several discussion groups where families get together under the guidance of the foster family coordinator, a worker with a master's degree in social work, to discuss the problems of raising children who are being prepared for adoption. Foster parents benefit from films, consultative lectures by community professionals, and a recommended reading program.

Services to Waiting Families

As families requesting infants continued to increase, it became necessary to institute programs to handle the anxieties that accompany waiting. Groups were established at every level of the application process, from the period when families await home study to the time when approved families await their children. After learning that families willing to take older children received their children more quickly, a number of the families waiting for infants began to reassess their own circumstances.

Applicant and older child workers meet in a series of seminars so that each may become familiar with the intricacies of the others' assignments and thereby coordinate them more effectively. Applicant workers see the children often, both formally and informally, in person and by pictures, slides and movies, so that they will have personal knowledge of which children are available and will more readily recognize the appropriate family.

Community Contact

The social worker is involved with everyone who had meaningful contact with the child, including teachers, principals, and psychologists. Visits to pediatricians and other specialists are mandatory. A side effect of these contacts has been increased community awareness of our adoption program for older children. It does very little good to know older children can be placed successfully if this fact is not accepted with confidence by members of the other professions that care for these children in the community.

The San Diego County Adoption Services program includes many other activities for both children and social workers, such as picnics, cookouts, and fashion shows. Some are private; others are frank publicity attempts to make our program visible to the community. Our children also appear in person or on slides on local television shows. Our own slide presentation and other appropriate films are all used to educate the public to the fact that the adoption scene has changed and that a child other than an infant is awaiting their consideration.

Methods and Techniques in Treating the Older Child

As stated previously, the foundation of our treatment program is the relationship between the older child and the worker expected to make the placement. In order to show how that relationship is established, the following methods and techniques of handling children are reviewed.

Interviewing a Child

In our culture, adults tend to distrust communication that is not verbal and will often seek verbal confirmation of information received on a non-verbal level.

A child, however, does not always have the words to describe his feelings accurately, even if he recognizes what they are. In communicating with the child, the worker soon finds that much of the time, he has to relearn and rely on that level of communication which was available to him before he became so dependent on words. For example, a child who is saying that he doesn't care that his mother has left him, because this new place has plenty of toys and a dog and a kitty, might betray his true feelings by the expression on his face or the tension in his fingers or by twisting his legs around each other.

If there is no evidence of tension, perhaps the child has not yet grasped emotionally the meaning of the separation. It would be a mistake to assume that because his feelings are not on the surface, the child has already come to terms with the problem. If he does not understand or must repress an emotional experience now, the time will come to face it later. The worker must be alert to this possibility so that he may be able to recognize its manifestations and then support the child.

The child will lead the worker into areas where his problems lie. A worker must watch and listen more than talk. He must let the child start the conversation, and he must listen attentively. Once they start talking, most children cannot resist being listened to. The most irrelevant story may lead by association back to a past event or person exceedingly relevant.

Even the fantasies the child produces are constructed of materials from his past. There is no need to ask, "What does this mean?" or "Why did you say that?", because the child probably cannot answer, since much of this is comming from the unconscious. If the worker waits, thoughts and feelings that seem out of context when first expressed will fall into place as he gets to know the child better. Some children chatter about useless information because they are overly anxious about revealing personal matters. With patience this defense will be dropped as the child gains confidence in the worker.

The hardest child for workers to deal with is the one who remains silent. In such cases, the only feasible attitude to assume is one of patience that conveys the worker's willingness to wait.

Handling Feelings

Unless severely damaged, children will express their feelings. Because of previous confusing life experiences and their very youthfulness, children are not always aware that their feelings are valid and appropriate. They will look to adults to validate their experience; for example, the toddler who has taken a rough and frightening tumble might look to the adult caring for him, ready to cry but withholding tears until he learns if "big boys" cry.

Many children coming into our care have had desperately painful emotional experiences and have had to refrain from normal expression of pain and anger because of experience with inhibiting adults. They need help from the social worker—permission to express emotions appropriately.

Newer workers, fearing they will be unable to control their feelings, sometimes approach emotional situations with a stoically blank face. This is bad for the child. For example, if the worker is angry, the child should see this in his face, hear it in his voice, and have it spoken of freely. The child will then also see that the worker has control of his anger. The worker should help the child to free expressions by reflecting sympathetically the emotion the child feels. If the child is sad, he should comfort him. If he is crying, he should hold him and provide loving comfort until the child is calmed. He should give the child a full measure of time to express his feelings. No child was ever hurt seeing tears in a worker's eyes if at the same time he knew the worker had things under control. If the child is angry and needs to heap hot coals upon his natural parent's head, the worker can permit this without joining in. The worker's sympathy for the child must stop short of judgmental attitudes toward the natural parents.

We encourage the worker along these lines: "Be natural, be yourself. Most normal people can allow their instincts to guide them to respond appropriately to a child. Watch the child's reactions. If he is getting confused, stop and reassess your own activity. Rely on the child to put the conversation or activity back to the point where he was getting the most from you. Learn to listen."

The Place for Treats

Feeding a bereft child and sharing a pleasant experience can provide solace to the child. It is an unspoken way of saying something warm and nice and is a very important factor in getting to know a child. If a child is distressed and the worker is unable to stay with him, a piece of candy and a firm promise to return is one way to transmit regret and offer comfort. To a very young child, one person is not as good as another.

The pitfall in handing out treats is that children can quickly sense when a treat has become a substitute for meaningful involvement rather than a bridge to involvement. As soon as a child perceives insincerity in a worker, the getting of treats becomes either meaningless or, worse, a "one-up game" in which he tries to get as much as he can. Treats should be a comfort but should not be traded for the sessions in which relationships are cemented.

Life Story Book

The use of visual aids in the treatment and care of children can be very helpful. As said before, adults tend to grasp ideas through words and talking. Children often appear to understand words but usually understand visible things a great deal better. If they can reconstruct the experience through playacting or visiting an actual location or person important in their past, or see a picture of something that they remember quite accurately, they will begin to correct false impressions of their past life. At roughly age three, when a child becomes interested in himself and where he came from, we start the life story book.

In Barry's scrapbook the worker began with a picture of Barry, now age 6, as a baby with his "first real mama." The story mentioned his birthdate, how much he weighed, and other important facts about his childhood. Barry asked what his mother did for him when he was a baby. The worker responded that his mother did such things as feed and bathe him and change his diapers. Barry indicated that he wanted that written into the story.

Life story books are the children's and workers' working tool, not to be confused with some of the "children's books" that we have gotten together, beautifully photographed and nicely mounted, to be given to the adoptive family. Our life story books are grubby, fingerprint-smudged epics. Their owners often take them to school, finding for the first time in the eight or ten years of their lives, that they can talk with authority about who they are and what their background is. The book is the receptacle of all information that the worker has on the child that the child is able to understand. It is written, if possible, in the child's own language. However, if the child is not able to write, we record his comments about himself and his experiences in his own language. These tapes are typed up without grammatical corrections so that the child can recognize his own words. They are pasted in the book along with appropriate pictures. For the child who has been in the care of more than one agency and has been moved from one foster home to another, the reconstruction of his life in a book like this becomes a tremendous emotional experience. The books are simply made, usually from construction paper, and are bound in inexpensive scrapbook covers, making them expandable for any number of years. They are often kept in the social worker's office, but children periodically take them home and comment on them the next time they see their worker.

Although many of these children cannot recall the experiences themselves, the workers can plant images in their minds by taking them to visit some of the key places in their early childhood. Sometimes this is a cemetery where a parent or a grandparent might be buried. Sometimes it is a house they remember very vaguely.

Sharon, who was relinquished on her twelfth birthday, related tentatively with adults and resisted the possibility of adoption. She was preoccupied with fantasies and had many questions about her natural mother who had died when Sharon was three years old and about whom we knew very little. Sharon seemed unable to accept the idea of becoming a real part of another family until some of these questions were resolved. When Sharon expressed an interest in seeing where her mother was buried, I was fortunate enough to locate the gravesite which she and I visited together.

Sharon stood quietly for some time, just looking down at the headstone on her mother's grave. She read the inscription aloud, several times over, and then began to ask me the same questions she had asked before. What had her mother looked like? What had she been interested in? What kind of person had she been? She listened as though she were hearing for the first time the few facts I was able to give her, asking me to repeat why I thought her mother must have enjoyed being a mother and caring for her children.

I reminded Sharon of her baby book, one of the few possessions she had brought to her foster home, which had recorded the details of Sharon's development over the three years she and her mother had been together. I remarked that the way in which her mother had described Sharon conveyed her pride and her love. We spent about an hour sitting on the grass near the grave, talking about her mother and her past. We had talked about these things before, but Sharon had never seemed as comfortable talking with me as she did that day. As we were leaving, she looked back once, asking whether she might return some day to put some flowers on her mother's grave. Sharon did go back and leave the flowers, and after that she seemed to have no further need to ask questions about her mother. Several months later, she moved easily into an adoptive placement.

A baby picture often gives a foster child a sense of having existed, even though that sense differs from the one experienced by the child who remains with his own family. The life story book replaces or augments letters, photographs, report cards, or family anecdotes about what the child did when he was two and a half or what he looked like when he was one year old. When a child begins to have a feeling of continuity and a realization of a tangible past, it is easier for him to accept the unknown aspects of the future.

> Eddie was a child who had experienced two parental rejections in the past and had many unpleasant memories. He was most reluctant to begin a book about himself because, as he said, "I don't want to remember." I commented to Eddie that while perhaps there were many sad things he would like to forget, there were also pleasant things that he might want to remember. Eddie insisted that he didn't want a book, and that he would not buy one or make any pictures for it. I told him that it would be important to him later and that we were going to buy the book. In the store, I had to take Eddie by the arm and steer him to the section where the scrapbooks were located. As Eddie looked at all the bright colored books, his resistance lowered. He announced that he wanted "a sockadelic book." He chose an extra large box of crayons, paste, and construction paper. Eddie again assumed an attitude of resistance toward making pictures for his book. I insisted that if we were to go to the park, he must make one picture for his book before he could play on the equipment.
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> Each session thereafter, we made at least one picture for Eddie's book. His resistance steadily decreased to a point where he would request materials to draw a picture and would write delightfully spontaneous stories.
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> Never have I seen a prouder child than Eddie when adoptive placement day came, and he could show the book to his adoptive family and tell them of his life. I had written his story in his language, read it to him prior to placement day, gotten his approval, and typed it, inserting appropriate sections between his pictures. The story included experiences and tones of feelings which I had picked up during the course of my time

with him. The book has assumed a great deal of meaning for the adoptive parents as well as for Eddie.

Importance of Agency Atmosphere

We have tried to make the actual agency building and the non-casework staff become a part of an environment in which the older child will feel that he is valued by everyone involved in the process of finding a family for him.

Secretaries and receptionists with whom the children come in contact learn to recognize them and call them by name. The child is introduced to all of our adoption workers so that he will become comfortable with them. Picnics are held for the purpose of helping the children to get acquainted with staff members away from their offices in a relaxed atmosphere. The value of these activities became apparent whenever a worker had to leave the agency. We often found that a child was already quite familiar with the replacement worker. He might have met the worker at a group function or casually in the course of visiting in the building.

The children also meet the supervisors responsible for the program, and become as comfortable in their company as they are with their workers. A child has sometimes needed to talk to a supervisor when he wanted further explanation of a decision made in his behalf or was angry with his worker. For example, one very outspoken child went through two changes of workers and then was faced with a third.

Bobby, age eight, was not about to accept Miss B. when he and Mr. P. were doing so well. He demanded to talk to the "boss," and Miss B., a very sensitive worker, interrupted my conversation with another worker, to say there was an angry young man outside my door who had something very important to discuss with me. I caught the urgency in her voice, postponed my routine conference, and admitted Bobby and the silent Miss B. Bobby looked me in the eye and told me in no uncertain terms about the other workers he had had, their promises of friendship, and how each had gone away. Since the workers had been honest with him, he knew Mr. P. was not leaving the agency but had been reassigned. He felt Miss B. might be nice but he liked Mr. P. and wanted to keep him. I told Bobby that even before I assigned Miss B., I knew the change would be hard for him. It stunned Bobby to realize that I knew him so well when he had not noticed me at all. We discussed the earlier changes in detail until he remembered that each had been almost as hard in the beginning, that he had come to like each worker, and still considered them his friends wherever they were. He became willing to try out Miss B. What impressed him most was my personal knowledge of the events of his life. He left, promising to visit again, and he has done so many times.

Selecting the Right Family

In considering a family for an older child the usual criteria used for selecting families for infants must be expanded to include qualities having unique application to the needs of the older or hard-to-place child.

When our workers perceive that a family is interested in or has a particular talent for raising an older child, they explore in detail the family's experiences and expectations. Aware that adults can't like all kinds of children, the worker maintains a nonjudgmental attitude and encourages a verbal free-for-all to take place about the various ages and personalities of children.

What kind of activities can they visualize themselves engaged in with a child. Can they imagine disagreeing with him or ever allowing him to win an argument? What kind of child have they least enjoyed? Why? What do they especially like about their own children? What developmental period do they like best? Does their emotional tone reflect humor, anxiety, anticipation of enjoyment, fear of failure? There are no right or wrong answers to these questions. The purpose of the inquiry is to find the child that would suit this family rather than reasons for removing the family from consideration.

How do they express affection? Placing a child who likes to be kissed in an undemonstrative family would only invite unhappiness and confusion. This is not to say that a reserved family is a bad family in which to raise a child. In many families, tremendous emotional impact can be contained in subtle communication if a person knows how to read the signals. What are the rules or laws of the household and how are they made evident? Some families are verbal and direct, but children also function well where rules are more subtly indicated but are consistent and logical.

What will be the child's reactions to their attitudes about religion? Consider the youngster who has been taught to pray as a means of controlling night fears. Placing this child with a family that is indifferent to religion is bound to be confusing.

How does the prospective family relate to serious emotional illness? Are they hung up on genetic purity—concepts of bad blood or bad seed—or sons inheriting the sins of the fathers? How steeped are they in these attitudes, if they exist? Can their concepts be broadened?

How much can they understand and enjoy the differences in children's personalities and leave them untouched? Some parents want children whose appearances and temperaments are similar to theirs. Some view the older child as totally moldable. Either these families will be disappointed or—what is more likely—the child will be bent and shaped into the form expected of him. A child's need for a permanent home is so strong that he may struggle to become the kind of person the family wants him to be. But a child will pay a high psychic price if forced to change his personality patterns drastically.

Does the family recognize that the child's previous experiences are a part of him that should be added to, not blotted out? Can they be helped not to feel hurt by the child's references to other parental figures whom he loved? If they have other children, do they expect that they will not feel close to the new child in exactly the same way that they feel close to their own children? If this is expected, the mature adult can accept the child in much the same way as he accepts the love of a new friend without expecting him to be like any previous friend.

Placement Guidelines are Flexible

Agency rules are flexible in regard to placing the older child. At the point that the child is ready for placement, he should be a highly recognizable individual whose characteristics are clearly understood. When we know the child well, and he understands his "reality," when some of his unattractive behavior has subsided or been modified, and when we can predict with some confidence his response to a new home, we identify him as ready for adoptive placement. The child himself may be a long way from accepting the idea of new parents, but that does not deter us from including him in the agency's intensive parent search program.

We look for parents who have the capacity to understand what is going on within the child and are therefore able to guide him effectively by themselves. If a child can be sustained in a foster home, he certainly can be sustained in a permanent family if they understand his problems and have explored their ability to cope with them.

The selective process itself involves team of staff members, including the child's worker and the applicant worker, who conduct an intensive review of all pertinent information concerning the child and the proposed family. Once the professional decision is made, the process breaks down into three phases: (1) telling the family and the child about each other, (2) taking the child to meet the family, and (3) placement of the child. The details of implementing this rough plan, however, depend entirely on the circumstances surrounding the placement. There seems to be no optimal time for scheduling the three steps in the adoptive process. Generally, the emotional tolerance of the child determines the pace of events. The family's anxieties, to be handled by the applicant worker, are expected to be less intense than the child's and therefore of secondary importance. Some children move slowly from the concept of a family "some day" to a family "now." At the time of placement, a child's feelings toward his natural parents, apparently resolved, may resurface and have to be replayed and reunderstood. This final testing of defenses is a very healthy process and must not be confused with regression caused by anxiety.

When the child begins to show a genuine interest in the new family, it has been our experience that it is well to move as rapidly as possible. Once the child grasps the idea that this may be a new home for him, he should become as familiar as possible with the family before meeting them. It is a good time to show him photographs of the family and pictures of the house in which he may stay. These preliminaries make the child's first contact with the new family more tolerable. It is during this tense period that the worker's total investment of time and emotional energy in the child should bear fruit. Despite glowing physical descriptions and promises of a beautiful future, it is only the child's knowledge of the worker's truthfulness, reliability, and concern for him that will enable him to accept on faith that this is the right family for him. The child must not get the impression that he will have any effect on the choice of the adoptive family, because it is not realistically possible for children to choose their own homes. The child may become frightened if he thinks that his behavior can control the situation. If the child moves slowly in intense emotional situations, he should not be rushed beyond his capacity to cope with the experience. During this period, the worker must be extremely sensitive to the significance of the child's reactions and behavior.

In the course of the preplacement visit, the family is helped to recognize aspects of the child's behavior that have been discussed with them previously. At this point, however, even the best of professional plans can still go awry. Human beings are so complex that there is no way of knowing definitely whether individuals, when they cast eyes upon each other, will take to each other warmly. Most of the time, if we have done our explorations well, we will have made a good "match." But there are times when it will be evident that the match will not work. A worker must be prepared for such an outcome, accept it, and handle the feelings of both child and family. It is important that the worker assume responsibility for the decision not to proceed with the placement. He must make it clear to the child that the decision was the worker's—not the parents'—in order to forestall the child's possible interpretation of the experience as another parental rejection.

If the match is a good one, the more quickly the child is moved into his new family situation, the better. Goodbyes in the foster home and in the child's neighborhood should be handled quickly and matter-of-factly so that their emotional level will remain within his tolerance. But goodbyes should never be omitted. A child cannot conceive of verbal plans as clearly as he can understand completed actions. By this time, if the social worker has done his job well, the child should also begin to anticipate saying goodbye to him. By now, the child has begun to grasp that, in the course of life, individuals experience many goodbyes, that we move on to new experiences with some worry and much sorrow, but with hope that things will be better in the future, and that we take with us memories of happy experiences even if opportunities to see old friends may not occur again. The child then begins to accept these normal separations and is not damaged by them. This goes for the relationship between the child and the social worker which has frequently been mutually satisfactory but which now must begin to modify itself and in time come to an end. The child has talked about the separation, been prepared for it, and may have acted it out by expressing how he will feel when it occurs.

Supervising Placement

In this agency, the child worker usually supervises placement since we anticipate that most problems will emanate from the child. In cases, however, where the family has had little experience with older children and will need special help in handling the placement, supervision is carried out by the applicant worker. The decision as to who will supervise is generally based on our assessment of where the greatest difficulty will lie.

As the child worker continues supervision, it becomes absolutely essential for him to stop, re-examine his role, and refocus his entire approach to the new case situation. Continuing the same relationship he previously had with the child might be inappropriate and could interfere with the child's adjustment to the adoptive family. On the other hand, the relationship of the child worker to the child with residual problems should continue unaltered until the new family is able to take over the worker's role in helping the child to understand the meaning and consequences of his behavior.

The worker might start by not seeing the child as often as before placement and gradually phase out one-to-one contact altogether.

The worker must be ready for the impact of his own feelings when he sees the child turning away from dependency on him to the family. One excellent worker in reporting to her supervisor about a little boy with whom she had worked intensively, said she knew the case was going well when Joey, who was playing in the yard, saw her and said, "Hi, you here?" and immediately ran to his adoptive mother yelling, "Ma, can I have a glass of milk?"

The worker was pleased to see how comfortably Joey was fitting into his home but was hurt by his casual notice of her arrival. The worker admitted to her supervisor that her first reaction was, "Why, that little rat. He didn't even say goodbye." Later, when she examined her surprising response to the very circumstance that she had striven so hard to achieve, she realized, as tears started in her eyes, that she had continued to need Joey a little bit more than he had come to need her. Everything that he needed was now being provided by the new family, and she no longer had a role in his life.

Impact of Older Child Service on Agency

The investment necessary for an agency and a community that contemplates retooling from a predominantly infant service to a more difficult older-child service is a heavy one. An agency must dare to set out into a relatively unexplored territory of practice. The staff should keep in mind that nothing can be lost by the attempt, whether successful or not, since everything learned in this area in which so little experience is documented is valuable.

The community, in general, must recognize the thousands of children whom our present programs do not serve adequately and accept the responsibility for correcting the situation.

And what about the harvest? What can we reap in terms of dollars and cents? Every child in foster care, placed with a permanent adoptive family that is able to meet his needs, no longer costs State or local government anything. He has become absorbed into the community and is no longer a public responsibility.

If we permit thousands to struggle to adulthood in inadequate programs, they will cost us in the rearing. They will cost us as they struggle in society as inadequate adults. And, their children in turn will come to us begging for solutions to the problems that we failed to face. We cannot save every child, but there are thousands whose conditions we can improve right now. ■

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   Adoption through a modern agency is explained in this film.
   Produced by: Los Angeles County Bureau of Adoptions
   Distributed by: Los Angeles County Bureau of Adoptions
   2550 West Olympia Boulevard
   Los Angeles, California 90006
2. **Debbie**—27½ minutes, black and white, 1961, purchase or rent.
   The work of a multifunction child care agency is described with particular emphasis on foster home care, adoption, and treatment of a disturbed adolescent.
   Produced by: Victor Weingarten and Julius Tannenbaum.
   Distributed by: Health and Welfare Materials Center
   10 East 45th Street
   New York, N.Y. 10017

Adopting Children: The Medical Aspects

by William B. Carey

Books and pamphlets offering information and advice to adoptive parents deal almost exclusively with the emotional, social and legal aspects of this method of creating or enlarging a family. Largely neglected has been discussion of the physical aspects of the children. This is partly the result of a popular tendency to underestimate constitutional factors in children and also because few pediatricians, who are familiar with the concern all parents show for the health of their children, have addressed their writings to adoptive parents.

Adoptive parents then must turn to their own pediatrician or family physician for medical advice. Unfortunately, they are often unable to get the guidance they seek since they and their doctor may not have received sufficient background information on the child, or because he is not aware of all the reasons for the parents' concerns.

As a pediatrician who has had extensive experience examining and treating adopted children in my practice, as a consultant to adoption agencies, and as the father of three adopted children, I offer here my suggestions for helping parents understand the medical aspects of the adoption process.

In the psychosocial sphere, the outstanding fact of adoption is that the child is taken from one set of parents and raised by another. In his book *Shared Fate*, H. D. Kirk suggests that "acknowledgment of difference" by the adoptive parents is the most important factor leading to the establishment of good parent-child relations and family stability.

In the physical sphere, the principal obstacle to adjustment is the consequent increase in uncertainties about the child's physical background and status. However, an increased incidence of actual physical problems in children made available for adoption is not usually the issue. Rather, parents may be having difficulty trying to cope with the knowledge that the child does have a different biological background and that factors unknown to them could harm the child's future health and development.

I believe that successful adoption can be promoted

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if parents minimize the unknown factors and deal realistically with the child's actual physical state. Physicians can help them accomplish this by, first properly evaluating the child, reporting accurate and complete medical information, and, secondly, by helping the parents understand and adjust to the significance of this information. Social workers and others involved in the process should cooperate to this end.

How Great Are the Risks of Adoption?

Some people will not even consider adoption because they mistakenly think the risk of receiving a damaged child is too great. "You never know what you are getting," some claim. This fear is not justified by the facts.

Although it is impossible to give a precise figure for the incidence of congenital abnormalities in the general population, a reasonable estimate is that approximately seven or eight percent of all children have a congenital defect.[1] About half of them have abnormalities that are moderately or severely handicapping, including such conditions as cleft palate, club foot and mongolism. (Minor defects, such as color blindness, partially webbed toes or minor ear deformities are not included in the latter estimate.) Some of these abnormalities are definitely hereditary, others stem from complications after conception, and many are probably due to a combination of both.

Approximately half of these problems are usually discovered while the child is in the newborn nursery, and the majority of others will become evident during the next six months. Thus, about 80 percent of the congenital abnormalities found in children are detected by the time they are six months old. Only a few of any consequence remain unknown by the time the child is a year old.[1]

Because the question of the degree to which intelligence is inborn or acquired is still being debated, general guides for child adoption placement are only tentative. Probably the best means for forecasting the intellectual potential of the child is to determine the pattern of function and achievement of his near blood relatives. Problems arise here, however, from the normal variation of intelligence within families and the uncertain reliability of educational achievement as an indication of intelligence. For lack of any better technique, I would agree with the common practice of matching the apparent intellectual level of the natural family with that of the adoptive family. Yet many successful adoptions have resulted when this method was not used. Pharaoh's daughter took her chances when she adopted a child she found in the bulrushes, but Moses turned out well.

A child's temperament, or style of reacting to his internal needs and surroundings, is probably largely congenital. However, research on this aspect of human personality is just beginning and there is no way now to predict from a knowledge of the parents what kind of temperament the child will have. Innate temperamental differences do exist, but a child's personality is determined by an interaction of temperament and environment, not by either alone.

Another important question, which has not yet been satisfactorily answered, is whether, or to what degree, the severe psychiatric disorders of schizophrenia and depression are inherited. A susceptibility to these conditions is probably inherited, but certain environmental factors are also probably necessary in order for them to develop.[2,3] Decisions on placing children born to disturbed parents should be made on an individual basis and consultations with specialists may be needed to clarify the risks.

Is there any additional risk to the adoptive parents because children available to them are usually born illegitimately to young women? Reliable, conclusive data to answer this question are not available. However, while pregnancy is more hazardous to those under the age of 16, there is no evidence that illegitimacy is itself a physical liability to the baby. No significant increase attributable to illegitimacy alone has been found in the incidence of malformation or birth injuries.[4,5] Furthermore, if an apparently normal baby is born after an unsuccessful attempt at abortion, there is no proof that there is any increased risk of undetected abnormality.

What, then, is the risk of congenital physical defects in the child made available for adoption?

If the child has been adequately examined in the newborn nursery, there is only an approximate one to two percent chance that a moderate to severe abnormality has not yet been detected. By the time the child is six months old, that percentage has dropped to about half of one percent.[1] Obviously, couples adopting an older child have an advantage, for the older the child is at the time of placement, the

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smaller is the risk that he or she has undetected defects. The decline in the percentage of risk between the first week and six months, however, is so small that delay in placement cannot be justified as a routine procedure.

The three types of physical problems which are most likely to escape early discovery are (1) abnormalities of internal organs not detectible by physical examination, such as those involving the urinary tract, or biochemical disorders like diabetes; (2) degenerative diseases like muscular dystrophy which do not become apparent until later in life; and (3) some forms of mental retardation and brain malfunction.[4]

Adoptive parents do have to take risks, as do all parents. However, adoptive parents may be more apt to question what risks they are willing to take. To help them make this decision, a thorough examination of the child and an accurate report of the findings must be made available to them.

The problem for adoptive parents, then, is not an excess of physical problems in babies made available for adoption, but the fact that so much of the baby's physical background is usually unknown. How can their uncertainties best be handled?

Evaluating the Child

Before a child is placed for adoption, a complete medical history of his biological family should be obtained. This should include such specific information as the physical and mental health of both parents and, if possible, of the baby's four grandparents. Any evidence of inheritable disease, or of blood relationship between parents, should also be noted. Amplification of such statements as "family history negative," which are too vague to be of any value, should also be sought from physicians, social workers and others involved in the placement.

Sometimes, despite considerable effort, information about the child's father and his family cannot be obtained. Adoptive parents should be helped to understand that the unlikely possibility of the child having some hereditary defect is a little greater in these situations than if the history were known and considered to be apparently normal. In the case of a foundling, the background risks are completely unknown and judgment must be based solely on an examination of the child.

The risk of a child having a congenital abnormality is increased considerably through consanguinity of his natural parents. Special attention, including consultation with a geneticist, would probably be indicated here.

A careful history of the mother's pregnancy should also be noted, including mention of any infection like rubella or a nutritional deficiency of any kind; use or abuse of drugs; any excessive exposure to x-rays; and such complications of pregnancy as toxemia. The type and degree of difficulty of delivery should also be included.

Of course, a history which suggests that the child may have an increased risk of having a defect is by no means proof that the defect will develop. A few years ago, for example, a woman who did not know she was pregnant had two extensive x-ray examinations of her bowel and urinary tract. After discovering that she was pregnant, she made two rather thorough but futile attempts to abort herself. The baby she bore was a handsome little boy who was and has remained completely normal. Similar examples are numerous.

The physical examination report for a newborn baby should cover findings from the Apgar test, which rates appearance, pulse, grimace, activity and respiration, and a description of any complications, such as convulsions or a need for oxygen, observed during the nursery period. The physical examination, of course, tells only the condition of the baby at that time and is unreliable for making future predictions. Normal newborns, however, usually remain normal, and vague, unsubstantiated doubts about the baby should not be passed on to the adopting parents unnecessarily.

The number of laboratory tests that should be performed is a subject open to question. Certainly, the mother should be tested for syphilis and Rh type, and the baby for PKU. I think it is debatable, however, whether every baby should have other blood and urine tests, although the American Academy of Pediatrics does recommend them.[5] It is likely that several new tests now being studied will be considered routine procedures in years to come.

A specially trained pediatrician or psychologist should do a developmental appraisal of any baby over one month old. In children up to 18 months old, these tests apparently measure primarily the normality of the nervous system. Except in those cases where a child is falling behind because of retardation, usually due to a defect in the nervous system, the tests indicate nothing about intelligence. However, some babies who are not stimulated sufficiently, such as some raised in orphanages, also score poorly on developmental tests. Only the most severe retardation is seen by four months, most is evident by a year, and practically all is detectable by the time the child is two years old. Such special learning problems as difficulty with reading may not become evident until the child enters school.

Also unreliable are estimates of superior intelligence based on developmental appraisals done in the first year or two of life.

Special consideration should be given to medical aspects involved in the adoption of older children, and of handicapped children. In considering the older child for adoption, the examination report should include information obtained from all of the procedures described above, as well as information on subsequent significant events in his life. Other procedures, such as vision, hearing and tuberculin testing, should be included as soon as the child is old enough.

The presence of a handicap in a child does not, of course, automatically exclude him from adoption. The problem must be evaluated by a competent pediatrician and appropriate other specialists to determine the nature and extent of the handicap and the probable treatment needed. Although a minor foot deformity or an undescended testicle need not delay adoption, the presence of severe heart disease or hemophilia, for example, could be a greater burden than many adoptive parents are able to accept or endure. An adoption agency usually places a child whose condition is uncertain in a foster home until knowledge of his condition is clarified. A prematurely born infant, for instance, is generally evaluated long enough to try to detect any impairment of his nervous system.

The acceptability of a child with a handicap, however, depends not only on the severity of the problem but also on the willingness of the adoptive parents to undertake the challenge. Parents who are considering adopting a child with a handicap should be encouraged to ask themselves two important questions: "Has the problem been fully evaluated so that the risks are known as completely as possible?" and "Are our motivations and capacities appropriate to the task?" The advice of a pediatrician or other specialist is indispensable here.

The most difficult decisions for doctors, social workers and parents are those which must be made while uncertainty about the baby's condition still exists. Although a child may appear to be normal at the time he is placed for adoption, certain factors in his history might indicate that he is at risk. Complications during pregnancy or delivery might have harmed a baby whose condition cannot yet be determined, for instance, or genetic disorders or defects resulting from parents' incestuous relationship or the mother's use of drugs may not yet be evident but could develop later.

To help clear up these uncertainties, the agency or pediatrician may need to consult a neurologist or geneticist, or have special laboratory tests, like a chromosomal analysis, performed. Sometimes the answer is immediately clear and sometimes appropriate investigation will eventually lead to certainty. In other cases, however, only time will tell and the parents' decision to adopt will have to depend upon the nature of the hazard, their willingness to take the risk, and the professional advice they receive.

In the past, adoption agencies usually viewed children with medical problems as unsuitable for adoption until their defects were improved or corrected. A study by the Children's Home Society of California, however, has concluded that the generally favorable outcome resulting from early placement of such children justifies a greater flexibility on the part of the agencies.[*] Most have now changed their policies.

Being born to parents of different races does not by itself contribute to any increase of physical problems in the child. When racially mixed children are brought from underdeveloped countries, however, other complications may occur. Documentation of the child's and the parents' medical histories is usually less than adequate, and the risk of physical and emotional trauma to the child is greater. Intestinal parasites and some diseases like tuberculosis are more likely to be found in these children, facts that have not received sufficient recognition.

After reviewing all the factors mentioned, we can say that an ideal prospect for adoption exists when the child's heredity is apparently satisfactory, the mother experienced a fairly normal pregnancy and delivery, and the infant's physical and laboratory examination is normal. When there is a history of hereditary disease, an abnormal pregnancy or unusually difficult labor, or if the infant was slow to resuscitate or has a significant handicap, the outlook is less clear. However, adoption presents an excessive risk only when children with the most severe physical or mental handicaps are being considered, or when older children are so emotionally damaged that they cannot, even with psychiatric help, adjust to normal family life.[5,8]

Reporting Medical Information

After the physician has evaluated a child for adoption, it is important that he prepare a detailed report of all the pertinent information he has gathered for transmission, in writing, to the adoptive family's pediatrician or family physician. The report should be a medical communication, from doctor to doctor.

There is no agreement regarding the precise form this communication between doctors should take. The American Academy of Pediatrics has not wished to suggest a standard form for this purpose, stating that the different situations which exist throughout the country make the use of a standard form impractical.[illegible] I believe, however, that probably more would be gained than lost by using a well designed standard form.

If complications arise, the medical findings should usually also be discussed between the prospective adoptive parents and the examining pediatrician, and not just between the pediatrician and social worker or other intermediary. It is also advisable to include the family's pediatrician or general physician in the decision about the acceptability of such a child.

A common deficiency in much current adoption practice is that such reasonable expectations are not fulfilled as well as they could be. The agency social worker, for example, may make only verbal reports of medical information to parents, or the private obstetrician or lawyer may not even have tried to obtain a sufficiently thorough family medical history. Often, the family medical history of both parents is omitted, as if it had no bearing on the baby's health. I have found that agencies generally do better than private resources in transmitting such information, but most could still improve.

I remember well the frustration of one social worker whose agency was involved in bringing racially mixed babies to this country for adoption, when I, as advisor to a local adoption agency, was not satisfied by her written description of a baby as "cute" but wanted to know his head circumference, whether he could hold his head up, and other important details. An appropriate physical and developmental evaluation should have been recorded by a doctor and transmitted by the agency.

The result of this failure to communicate significant medical information is to put both child and parents at a great disadvantage. Agencies, physicians and lawyers involved in processing adoptions often seem to be unaware of, or indifferent to, this important fact. The adoptive parents' ability to adjust emotionally to the child and to cope with any physical problems is rendered far more difficult when they and their physician are inadequately informed about the child's background. One adoptive father described his anxiety by saying, "The obstetrician told us nothing about our son's background, so the first time he got sick we did not know what to expect." Let any skeptical physician ask himself honestly whether he would be willing to adopt a baby with the skimpy background information so commonly provided.

It is extremely important that this information be properly obtained and transmitted by the time the child is placed for adoption. Experience shows that information not obtained by that time is retrieved later only with great difficulty—and sometimes not at all. With agencies now placing emphasis on the older children available for adoption, it is particularly critical that this information be gathered and recorded as soon as possible.

Some adoptive parents feel they would rather not know about their child's biological background. It is understandable that they want to cut the ties between the child and his natural family but, from a medical point of view, ignoring his background simply does not make sense and may represent an unwholesome denial of the realities of the adoption process. If parents say, "It does not matter," the physician and the social worker must make certain that the parents realize how important it is to have such information. Because of the present relative shortage of babies available for adoption, other prospective parents, fearing they may offend the person providing the child, may not want to seem too demanding.

Parents are completely within their rights to pursue whatever medical information is available and reluctance by the agency or other intermediary to provide it should never be allowed to deter them. Adoptive parents may also want to ask for a copy of the medical report for their own files so that they can refer to it later, without having to call on the physician.

Statements like "There is nothing you need to know" suggest that the person placing the child thinks he or she knows the parents' needs now or in the future far better than they. An early agreement regarding the parent's desire for information is the best way to avoid future disappointment and frustration.

Some physical information not usually transmitted in medical records includes the height, weight and eye and hair color of the natural parents. Adoptive parents would do well to write down these details as they hear them for, years later, when the child may want to know, they may not recall them. I understand that some agencies include this information in their medical reports and, although I have not seen it done, I would favor the practice.

Adjustment after Placement

Even when physical problems have been screened out by careful evaluation, or those that do exist have been defined and understood, adoptive parents may still be rather unsure about the child and themselves.

My professional knowledge was more of a liability than an asset when I thought I saw an abnormal neurological sign in one of our own adopted babies at the time of placement. My excitement and anxiety about becoming a parent so warped my judgment that a normal finding looked suspicious. Within a few hours I realized my folly and started to enjoy our baby without any mental reservation.

While most new parents wonder whether their child is physically adequate to endure the stresses of life, and question their own abilities to care for their child properly, adoptive parents may have even greater doubts and fears. As a result, some will view the minor physical problems of infancy and childhood as major catastrophies—a cold may seem certain to be pneumonia, or a few loose bowel movements might look like dysentery. Others, at the opposite extreme, may deny the existence or significance of a child's symptoms or diseases. They may not want to believe that, after years of waiting for a child, anything could possibly be wrong with him. On the other hand, normal developmental trends, like negativism in 2-year-olds, may be viewed by some adoptive parents as evidence of "bad inheritance," or as a sign of their unworthiness as parents.

Adoptive parents also may have to deal with special doubts about themselves. A long period of infertility, a protracted ordeal of self-examination and sometimes poorly understood delays by an adoption agency may leave them with a sense of inferiority. Although biological parents may have some of the same feelings, they are generally not as intense.

With proper help from family, friends, social worker and physician, however, these matters usually assume their proper proportions for most adoptive parents. The physician can be particularly supportive by supplying the medical information the parents need and by reinforcing appropriate attitudes and discouraging those that are inappropriate.[8]

Some preparation for parenthood before the child is placed in their home can also help alleviate many anxieties. Reading a good book on baby care is an excellent beginning, as is attending prenatal classes in child care offered by hospitals and community agencies. Adoption agencies, too, might be prevailed upon to begin sessions on the practical aspects of child care.

I would also urge couples to talk with their pediatrician or family doctor, as well as with the social worker, before the child is placed with them. While this early contact may be particularly valuable when there are questions concerning the acceptability of the child, it can also contribute to establishing a good relationship between parents and doctor. Whether adoption arrangements are being made privately or through an agency, the physician should be able to help the parents review the medical report and answer whatever questions they may have.

When the child is evidently normal, and the adoptive parents are fairly emotionally stable and adequately supported by family and professional guidance, I find that their doubts rapidly decrease and a basic trust in the child's physical soundness develops. However, there is nothing better for overcoming new parents' feelings of anxiety and inadequacy than the confidence that comes as they learn to manage their child successfully. Fortunately, this usually comes quickly. ■

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Placements of children regarded as unadoptable prove there are . . .

ADOPTION OPPORTUNITIES FOR THE HANDICAPPED

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DOES the social work principle, "Every child has a right to a home and a family that loves and wants him for himself," include the severely physically handicapped or mentally defective child?

Present attitudes in our culture toward such children (referred to hereafter as "special" children) are much more positive than they were even a few decades ago. In the distant past children with severe defects were hidden, ridiculed, and tortured. Romans and Greeks destroyed them without feeling guilty or remorseful. Even in countries where there were more humane attitudes, such children often aroused feelings of hostility or fear. Unfortunately, remnants of these negative feelings toward the severely handicapped are still present in most of us. It took some actual experiences to help me overcome my own feelings about placing such "special" children for adoption. Until child welfare workers can be helped to recognize and overcome their negative feelings about severely handicapped children and can believe firmly that every child is entitled to a home, they will not go far in attaining this goal.

A "special" child has the same basic needs as every other child. First of all, it is important to remember that he is a human being with needs, feelings and lovable and unlovable characteristics. Second, it is necessary to view the abnormal conditions realistically, not through pity or hopelessness, but with sympathy and compassion. Next, every possible resource should be called upon to help the child become as presentable and as near normal as possible. Only as child welfare workers have the knowledge and the courage to discuss the problem of homeless, handicapped children clearly, will the general public develop enough of a knowledge of it to lead to the uncovering of many potential resources for their care. Unfortunately, however, when a diligent search needs to be made for adoptive parents who have that "plus quality" required for accepting a handicapped child and helping him develop to his maximum capacity, some workers do not really believe that there are people who have the capacity to welcome and cope with these "special" children. Yet experience has shown that a hopeful resource for adoptive parents for such children lies in carefully selected foster parents who in their efforts to help the child overcome his handicaps might learn to love him and want him as their own.

Several experiences have convinced me that adoptions should not be ruled out for severely handicapped children.

Jimmy

First, there was Jimmy, born after an extremely difficult delivery. Soon after his birth, Jimmy's mother, who was considered to be mentally retarded, was told that her child had suffered brain damage

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and could not be placed for adoption as she and her parents had requested. Jimmy was placed in an oxygen tent and remained in the hospital for 5 months, until he was taken to a nursing home where he stayed, receiving custodial care only until he was 2½ years old. Then he was brought to our public child welfare agency's attention by one of his relatives, who was concerned about him. When the child welfare worker first saw him she was shocked and heartsick. The child was pale, listless, and completely unresponsive. He made a queer babbling sound, but could not talk. He evidently had not had any solid food, as he did not know how to chew. His gait was staggered and he ran into objects. Later it was discovered that he could not see farther than a foot. His head was unusually large; there was a squint in one of his eyes; his teeth were small, stubby, and separated; and he was pigeon breasted. He commanded attention by beating his head on the floor or by having temper tantrums.

The child welfare worker arranged for Jimmy to have a complete physical and psychological examination. Testing indicated an IQ of 36, with a diagnosis of obvious mental and physical retardation. Adoption certainly did not seem feasible at this point.

Jimmy was placed in a carefully selected foster home where he could experience love, as well as good physical care. The foster parents were a farm couple who were happy and secure and who had an unusual capacity for loving a child. They were frankly told about his problems and were asked to observe this extremely neglected child closely and to give him every chance to develop.

After only 3 days of tender loving care, this sad, apathetic child began to respond to his foster parents. He rewarded them with his first smile and began taking some interest in his surroundings. The foster parents received their first clue to his potentialities when they noticed that he observed what was going on around him and imitated readily. He soon learned to say "mamma" and looked to the foster mother to supply his needs.

Gradually the foster parents' initial feeling of pity began to change to love and pride in his progress. They had many discouragements during the first few months, but they never even considered giving him up. Neighbors made disparaging remarks. Their family physician frankly told them the child was not normal and advised them to return him to the welfare office before they became too attached to him. When the doctor's attitude became known, the child welfare worker persuaded him and the foster family to refer the child to a well-known pediatrician.

This pediatrician deserves much credit for Jimmy's eventual progress. He was hopeful from the first and gave generously of his time, talking with and encouraging the foster parents. He has said that, if Jimmy had remained in the nursing home another 6 months, he would probably have died of marasmus.

Convinced that Jimmy had possibilities, the child welfare worker supported the foster parents in all their efforts, helped them evaluate his progress, and gave them many helpful suggestions for handling specific problems.

After an eye specialist fitted him with glasses, Jimmy immediately learned to walk better, to explore, and to act more normally. This provided further indication of his potentialities. Later he underwent a double hernia operation, a tonsillectomy, and an adenoidectomy. All of these corrections helped to improve Jimmy's general health and disposition, and further strengthened the child welfare unit's conviction that probably he would become adoptable.

Six months after Jimmy's placement in their home, the foster parents petitioned for legal custody. From then on there was no question—Jimmy had found a permanent home. He was tested by the pediatrician and a school psychologist. This time his IQ was in the low normal range. Both examiners predicted he would be able to attend regular school.

Jimmy was legally adopted by his foster parents just 2 years after he had been placed in their home. Fortunately, he had been originally placed in a boarding home which might later be approved as an adoptive home, so that replacement for adoption was unnecessary. This, no doubt, would have caused regression.

Jimmy is now a happy, secure child. He runs and plays like a normal child and is well behaved. He still has a slight speech impediment, but has a good vocabulary and is very inquisitive. He has a retentive memory, likes books, and has learned to write his name. He was 7 years old in March and is now attending school. The only reason he did not attend kindergarten or nursery school, was that there were no such facilities in his community. His foster parents have also adopted a little girl, and the two children are very congenial.

Manny

Manny is another child that once seemed to be unadoptable. He was born with a congenital heart condition. He underwent open-heart surgery for banding the pulmonary artery and has since been in and out of the hospital several times. The doctor, who admitted him the last time in February 1961, said that he probably would not live very long.

Manny had been removed from his own home under court action because of neglect. He was weak, listless, and wheezed when he breathed. Placed in a good foster home after discharge from the hospital, he, too, responded to the patient, loving care of his foster parents. After 3 months in the foster home, he was walking and talking quite well, was toilet trained, and seemed happy and secure. His physical condition has improved to such an extent that now there are no restrictions on his activities. As in Jimmy's case, Manny's foster parents have fallen in love with him and have already petitioned to adopt him.

Mack

Another entirely different type of handicapped child is Mack who was born without legs. Otherwise he was a healthy, attractive baby. His parents were so horrified by his handicap that they refused to take him home from the hospital. He was placed in a boarding home with a foster mother who had previously been told about his condition, who was not shocked when she saw him, and who had the capacity to love him for himself. Arrangements were also made, through the State Crippled Children's Service, to take him to the Amputee Center in Grand Rapids, Mich.,[1] where after two visits he was fitted with a prosthesis.

Mack's first prosthesis was a plastic bucket which fit his hips and was fastened to a dolly so that he could move about with the aid of crutches. His sturdy body, strong arms, and a strong spine were assets in using this walker, which he loved because it enabled him to go places.

Mack is now 3 years old. At the age of 2 he was fitted with artificial legs, and he quickly learned to walk.

Mack is a happy child and has such an outgoing personality that he readily sells himself. He learned to talk early, could feed himself before he was 2, and was partially toilet trained. His desire to be independent was an asset in motivating him to use the artificial legs he will always need.

Fortunately there were foster parents who would accept Mack and who helped develop a better understanding of handicaps in their entire community. Some of their neighbors changed from attitudes of horror and ridicule to over-solicitousness. Others, as soon as they were exposed to the foster parents' and worker's enthusiasm and optimism, accepted him wholeheartedly. The State Crippled Children's Service, the Missouri Society for Crippled Children, the county court, and the child welfare services of the Division of Welfare, State Department of Public Health and Welfare, contributed both money and service to meet Mack's needs.

On one of our trips to the Amputee Center with Mack, the child welfare worker and I learned that two of the most severely handicapped, but apparently happy, children we saw there had been adopted. One of them had been born not only without legs, but also with a severe mouth deformity. When he was born, his lower jaw, lips, and tongue were fused together. They had to be separated by surgery before he could swallow, chew, or talk.

This child, now 8 years old, is able to walk and run well on his artificial legs without the use of crutches. His mouth is still deformed, but he can talk audibly and eat solid foods. Never have I seen a happier child or prouder adoptive parents. They told us that he had done more for them than they could ever do for him and that they had no regrets for the many hours spent in taking him to clinics

This is Mack, born without legs and deserted by his parents, but now happily established in the home of adoptive parents.

and in teaching him to use his prosthesis, nor for the money they have spent on him and will need to continue to spend to help him develop to his maximum capacity.

This convinced us that somewhere there were parents for Mack, too. The next step was to obtain accurate diagnoses of both his mental and physical potentialities. Then efforts were made to find a permanent home for him.

When he was 2 years and 4 months old, Mack was placed for adoption with a couple who when they had applied for a child had not thought of a handicapped child but who, the worker sensed, had that "plus" quality needed by parents of the handicapped. She arranged for them to meet Mack and he readily sold himself to them.

Mack's adoptive parents realize the responsibility they are assuming in accepting this permanently handicapped boy as their own, but they have no qualms about it. Aged 35 and 31, they have a son of their own aged 12. They live in a small town of 1,500 people, where Mack has already endeared himself to their friends and neighbors.

Attaining the Goal

Unfortunately there is still much disregard for the value and rights of every individual, regardless of his condition. Who can predict which child may make the greatest contribution to society and which one is "worthy" of being helped? One of the doctors at the Amputee Center was a double amputee—as was the man who made the prosthesis. What a loss to society if they had been cast aside or neglected because of their handicaps!

Not long ago a 13-year-old boy who was born without legs was presented the St. John Ambulance Life Saving Award for saving a friend from drowning. A 10-year-old North Dakota boy, born without hands or feet, was named the 1960 National Easter Seal Child. This boy, with the use of artificial legs and hands, plays baseball, shoots marbles, is a Cub Scout, and receives better than average grades in school. Many severely handicapped children, if given a chance, can become self-supporting, responsible citizens. This "chance" involves receiving not only correction of their defects insofar as possible, but also the tender loving care and security of a home of their own.

In order to attain what should be our goal, *a home for every child who is free for adoption,* further attention needs to be focused on effective ways of achieving this goal. Briefly, in planning for a child with a severe handicap or an undiagnosed serious illness—it is well to select foster parents who might adopt, but it is important to let them understand clearly from the first that adoption may or may not be possible.

Potential adoptive parents should be involved in helping the child to become adoptable. They may grow to love him during his period of helplessness and dependency. The younger a child is placed, the more readily will he be acceptable and responsive.

The child should always be honestly presented, but not oversold. Foster parents should not be made to feel they are expected to adopt the child. Neither should they be made to feel guilty if they have done all they can and the child does not respond, or it is found that their home does not meet his needs. If the child sells himself to the foster parents, if the worker is convinced of the high quality of love and care given him, and if the foster parents ask to adopt him, their wish to do so should be given serious consideration.

The "Child Welfare League of America Standards for Adoption Service," states:

> Consideration should be given to supplementing the income of families that have the essential qualifications to meet the needs of children for whom there are insufficient homes, but whose income is too low to assume the full cost of care of a child. In this way children who might otherwise never be placed for adoption might be given the emotional security of legal adoption at no greater cost to the community than for long-time boarding home or institution care. A new group of applicants might be reached who do not apply because of limited income. Some boarding home parents to whom a child has become attached might be able to adopt him if financial support were continued.[2]

In following these standards, goals must always be realistic. All community treatment resources available must be put to use in meeting the "special" child's needs. In planning for these "special" children, the child welfare worker should not only possess professional skill, but an abundance of courage, imagination, faith, and initiative. Backed by these qualities, efforts expended for "special" children can succeed.

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[1] Frantz, Charles H.: Child amputees can be rehabilitated. *Childre* March–April 1956.

[2] Committee on Standards for Adoption Service: Child Welfa League of America Standards for Adoption Service, 1958. Child We fare League of America, New York, 1959.

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ADOPTION:
the right to be loved

THE ADOPTION OF MENTALLY RETARDED CHILDREN

URSULA M. GALLAGHER

In the past, both professional people and the public considered the mentally retarded child as unadoptable. Rarely did social agencies give thought to whether the degree of retardation could make a difference, and rarely indeed did they search for couples who might accept such a child. Adoption was for the "perfect child" and the "perfect family." The mentally retarded child was often hidden in an institution, a cause of shame to his family. Now, the picture is changing. Aware of the benefits of adoption and of the great progress recently made in the field of mental retardation, agencies are broadening their definition of "adoptability" and are seriously considering adoption for the mentally retarded child. They are increasing their efforts to find homes for these "special" children and are making their requirements concerning age, income, employment status of prospective adoptive mothers, and other aspects more flexible.

What kind of child?

Retarded children cannot be placed as readily as normal children, of course. Most agencies have far more hard-to-place children, including physically, psychologically, or mentally handicapped children, awaiting placement than applicants who will consider them. Yet couples *do* come to agencies expressing interest in adopting handicapped children; many others become interested in adopting mentally retarded children when they are encouraged by the agency.

In speaking of adoption for mentally retarded children, I am speaking only of the *mildly* retarded child, that is, the child who is capable of completing the sixth grade, who can be guided toward acceptable social behavior, and who can usually acquire the social and vocational skill necessary for minimum self-support. Most of the retarded people in the United States are only *mildly* retarded. Children who are profoundly retarded, severely retarded, or moderately retarded—the categories into which other retarded children fall—are not usually adoptable because their handicaps are too great for most couples to handle. The *profoundly* retarded child, characterized by gross mental impairment and, often, physical handicaps, needs constant supervision and nursing care. The *severely* retarded child has poor motor and speech development and can take care of himself only minimally. And although he can learn to communicate, the *moderately* retarded child has poor social awareness and motor development and will always require a sheltered environment.

In considering the potentials of mildly retarded children who need permanent homes, we must look for certain general characteristics. Though they vary in ability to learn and to function, and there are differences between them and normal children, these differences do not negate basic similarities. An agency's chief questions, then, in determining adoptability include these: Can the child fit into family life? Can he accept love? Can he have a relationship with parents? Can he identify himself with a parent? Is he trainable for employment?

Based on an address to the Regional Conference on Adoption of Mentally Retarded Children, Stone Mountain, Ga., September 12, 1967.

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The feelings and attitude of the social worker toward mental retardation are important influences in the adoption of retarded children. Sometimes a worker assumes that because he would not want a retarded child no one else would. He may arbitrarily decide that a child not acceptable to him would not be acceptable to others. Such a possibility points up the need for supervisors of caseworkers to expand their knowledge and examine their conceptions of mental retardation. They have a grave responsibility to help caseworkers progress in their thinking and to help them make valid, individual evaluations of every child in their caseloads.

Who should adopt them?

We have so little experience with the adoption of mentally retarded children, and what we have is so scattered, that our knowledge of the characteristics of successful adoptive couples is slight. Certainly, the foster parents of a retarded child who later adopt him have had opportunity to acquire understanding of his limitations and needs and, therefore, willingly take on a lifelong responsibility. Perhaps more foster parents would be willing to adopt their retarded foster children if caseworkers would explore the possibility with them without applying pressure.

To my knowledge, no one has yet delineated the qualifications of couples who successfully or unsuccessfully adopt mentally retarded children. Although many of the basic qualities of other adoptive parents are no doubt important, certain other qualities are also necessary. On the basis of the needs of most mentally retarded children, I would expect to find the qualities listed below in couples who successfully adopt such children.

1. They emphasize *giving* to a child rather than *receiving* from him. They want to reach out to help the child who most needs help. Many are moved by religion and a desire to make a special effort to "love their neighbor."

2. They have a healthy attitude toward mental retardation based on sound information. They are not unduly afraid of the problems it may bring.

3. They do not want to adopt a child as an "extension of self." Frequently, they will already have natural or adopted children with whom they have good relationships.

4. They expect no more of the child in school or on a job than he can achieve. They will not be embarrassed or frustrated by a child who requires special education or is near the bottom of his class. His social adjustment will mean far more to them than his academic or professional success. They will not expect him to become a physician or a lawyer or a schoolteacher.

5. They feel secure in accepting a child with limitations and can cope with the questions of relatives, neighbors, and friends.

6. They are able and willing to accept a child who is more than normally dependent on them, but they will encourage the child to develop his ability to help himself.

7. They have patience beyond that of most parents. They are satisfied with small, slow gains and rejoice at gradual improvements. They have high tolerance to frustration.

8. They are flexible and can change both their short- and long-term plans for the child.

Could highly educated, intellectual couples successfully adopt a mentally retarded child? Some could, particularly if they have children of their own. If they have raised a child of their own who was an "achiever," they may not need an "achiever" as an adopted child. However, because a retarded child is likely to be "different" from natural children, an agency must determine the degree to which a couple will accept this difference. Social agencies must be openminded and prepared to consider those families whose own unusual needs may equip them to meet the needs of special children.[1]

Should a single person be allowed to adopt a mentally retarded child? The same principle would apply here as with the normal child. Safeguards are necessary, but such a placement should certainly be

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seriously considered if the alternative is no permanent home.

The selection of a particular family for a child is based on an evaluation of the needs and strength of each. The child will require warm, understanding parents; a normal home; educational opportunities geared to his capacity; and never-ending encouragement. Ability that might go unnoticed in the normal child must be unearthed and cultivated in the retarded. Adoptive parents must be able to do this.

The child must be allowed to be dependent while being given every opportunity to develop his ability to its maximum. The social worker is responsible for helping the adoptive parents strike a balance.

What are his potentials?

As in the adoption of any child, caseworkers must help the parents realize that responsibility for child rearing will rest on them for a long time. In considering the adoption of a mentally retarded child, adoptive parents will want to know the characteristics of the child and his potential for socialization. For many children, mental retardation is a dynamic rather than a static condition,[3] subject to change as the environment changes. The adoptive parents must understand this and be ready to make the most of an opportunity to raise the level of the child's performance. Let me give two examples from case records of State welfare departments of how this can be done.

Maggie came into boarding care at 14 months of age in 1962 as a referral from a juvenile court because of neglect by her parents, both of whom were considered retarded. Though she was pretty, Maggie had no animation and little expression: she was infantile and quiet and did not respond to stimulation. Her first foster parents loved her and allowed her to move at her own pace. A year after placement, however, they had to move out of the State and Maggie was placed in her present foster home. From good care in that year, Maggie had improved, but she still was not walking or talking and was not toilet trained.

Her new foster parents gave her the same care required by an infant, although she was over 2 years old by this time. They loved her and treated her as a member of the family. They met her physical and emotional needs, and a very strong relationship was formed between them. The foster parents accepted her limitations and were proud of every improvement she made. Her dependence on them increased their love for her, and, in accepting her, they began to think of her as their own child. In fact, they often told the caseworker they did not believe they could ever let Maggie go. Maggie improved in their home. She began to say "Mama" and "Daddy" and started to walk.

On later visits by the caseworker, the foster parents spoke of their interest in adopting Maggie. In October 1965, the agency described its efforts to make Maggie legally available for adoption and let them know that their love for Maggie was recognized. Maggie's natural mother was reached in November 1966, and in December she surrendered her parental rights to the State department of public welfare. Every effort to locate the father was futile. After considerable effort, the State agency obtained termination of his parental rights through its legal services section. After a study of Maggie's foster parents and their home for her possible adoptive placement, the home was approved last year.

Maggie now walks normally and can run well. She can say several more words and even small phrases— "Mama, wash dishes," "Daddy gone." She is able to carry out simple instructions and expresses her understanding in words and gestures. The foster parents are permissive, stimulating, and encouraging. They seldom scold or punish. They are patient with her and understand her needs. To Maggie, this is her home and she loves her "Mama" and "Daddy." The foster parents want Maggie to develop fully and will see that she gets special schooling or any other service that will help her. They now regard her as their own child and are looking forward to adopting her as soon as the legal process is complete. With them, Maggie has the advantages of a permanent home where she has an opportunity for a good life.

Timmy was born in April 1962 to an unmarried woman who was later committed to an institution for the mentally retarded. The child was placed in an approved foster home shortly after birth, where he remained until June 1963. At that time, after evaluation, he was placed in an institution for the mentally retarded. He was found to have a profound neuro-sensory impairment and has been given intensive auditory training. In 1965, the agency decided that, as an institution for the mentally retarded was not the right place for Timmy because he needed constant individual love and care, consistent understanding, and firm control on a one-to-one basis, he should be placed in a foster home and given schooling at the State school for the deaf.

A childless couple interested in helping a child like Timmy was found. They were told of his hearing handicap, but they accepted him anyway because they wanted to help develop his potential and to make him happy. The agency felt that they should first take Timmy as a foster child; if all went well, they could adopt him later. The couple agreed that a "trial period" would be good, and they faced squarely the possibility that adopting him might not be best for Timmy or for them. They did not anticipate failure but accepted the difficulties Timmy brought. A warm, understanding couple, they completely accepted Timmy and gave him a great deal of stimulation. He progressed in their home. They have since adopted Timmy, and have expressed an interest in taking another child like him because they have acquired insight and knowledge from their experience.

These cases argue against regarding the mentally retarded child as "hopeless" and for encouraging adoptive parents to help the child develop fully.

What of heredity?

Several research studies report that children with low IQ's categorized as retarded tested within normal range after exposure to a stimulating educational environment.[3,4] Another study reports that children who were born to mentally inferior mothers but who were placed in adoptive homes before they were 2 years old reached educational, social, and occupational attainments consistent with that of their adoptive parents. Moreover, the study also found, their own children have scored at average or above on intelligence tests.[5] These findings are particularly significant because of the kinds of questions applicants for adoptive children ask about the heredity of children who might be placed with them. Still another study reports that after a group of mentally retarded children were transferred from an orphanage to an institution for mentally retarded persons where retarded women developed close mother-child relationships with them, their intellectual growth picked up to the point where they could be placed for adoption as normal children.[6]

It is clear from such studies and from individual experience that relationships with parents and the environment can profoundly affect the retarded child's course of development. An agency should stress this point in talking with applicants who fear that delinquency, impulsive sexual behavior, or other problems may occur as the child grows up. Some mentally retarded children may as adolescents engage in sexual misconduct, for instance, but there is little evidence to show that their retardation is the cause. Education and supervision, provided according to the child's needs, are usually adequate safeguards against such conduct. Without a doubt, many mentally retarded children, given the love and stimulation they need to achieve to capacity, adjust to jobs suited to them, make good marriages, and successfully raise children of their own.

What other considerations?

Proper selection of an adoptive home for a particular child is essential in the adoptive process. The caseworker must be ready to give continuous supportive supervision for some time after placement. As with the normal child, incidents will surprise, puzzle, or produce anxiety in the parents. Even the best prepared, most understanding parents may have such reactions and may need support and reassurance. Integration of the child into the family is the goal, but reaching it may be slow. The adoptive parents need to know that the agency is not expecting good adjustment instantaneously and that the caseworker will help parents and child adjust to their new lives after the placement for as long as they require help. The filing of the adoption petition should be timed to the need for support in the particular family, not automatically tagged to the end of the waiting period required by law.

Some couples learn after they have adopted a child that he is not normal. Their original motive for adopting the child and the expectations they have will affect how they respond. Their first reaction (a common reaction among both natural and adoptive parents) may be to deny that a handicap exists because denial protects them from pain. They will "explain away" the differences, make excuses, blame others for their own reactions to the child's handicap, or go from physician to physician in a vain attempt to get the diagnosis they want to hear. In time, however, their ambition for the child will be thwarted, their pride injured, and their hope for raising the child as an extension of themselves destroyed.

Adoptive parents, however, are not likely to feel guilt as often as natural parents. Whether the reason for the child's handicap is genetic or environmental, adoptive parents are usually more objective, but they may blame the social agency or other source of the placement for "duping" them. However, both adoptive and natural parents face many similar situations. Although mentally retarded children are often as lovable as normal children, most couples prefer to adopt children who can develop into capable adults. Out of disappointment, some adoptive parents withdraw from social contacts when they realize the child is retarded. This is the point at which they need counseling and reassurance the most. The agency can help them understand the child's handicap, can explain the meaning of "mild" or "severe" retardation in terms of their own home life, can help them see what they can look forward to. The parents will also need help in understanding the state of their own feelings: Do they truly want to keep the child? Can they make the deep commitment necessary and find satisfaction in doing so? An understanding social worker can do much to help the parents adjust to the new circumstances and make the best decisions for the child and for them.

Another case illustration from the records of a State welfare department comes to mind.

Mr. and Mrs. W, a young couple, after learning that they could not have children of their own, decided to adopt a baby. After careful study, a social agency placed 10-day-old *Jimmy* in their home. The adoption was completed within a year. Jimmy seemed slightly behind other children in ability to hold up his head, grasp, sit up, crawl, walk, and talk. Soon, relatives began to ask questions about his "slowness." At first the parents denied that there were any problems. But by the time Jimmy was 2, the parents could no longer ignore the truth. Mrs. W called the social worker and asked for a clinical evaluation of Jimmy's condition.

In the interviews that followed, both the mother and father were anxious but gave no sign that they wanted Jimmy removed. The evaluation resulted in a diagnosis of "mental retardation, cause uncertain." The social worker secured additional information on the prognosis, explored with the parents their feelings about the child as he was and was likely to be and their ability to cope with the attitude of relatives, and discussed resources that would be available to the child. As a result of intense counseling, the parents felt that they could accept Jimmy's limitations, were comfortable about being the parents of a retarded child, and were able to face the community. They decided on their own to keep Jimmy.

If, however, after a series of interviews in which their feelings are fully explored, the adoptive parents do decide they should not keep the child, both for his and their own sake, the agency should be ready to help make other plans for him.

What is required?

According to Michael Begab, "[mentally retarded children] are in some measure dependent on persons in their environment—at the very least for their maximum well-being, and at the very most for their ultimate survival. In our societal structure the fulfillment of dependency needs rests primarily with the family . . . ."[6] And he also says: "In the total life experience of retarded persons, no force is more vital than the family itself."[6] In these words, he expresses well, I believe, the great value of finding homes for retarded children needing adoption. The retarded child needs a mother and a father who will accept him despite his limitations and, at the same time, will encourage and stimulate him to develop to his maximum potential.[7] To accomplish this objective will require a good diagnostic study of the child and an accurate evaluation of the characteristics of the applicants—their ability to face reality, their expectations, their patience and tolerance, and a primary interest in giving rather than in receiving. At the same time the child's special needs are met, the special needs of the parents may be satisfied. There *are* such people in the world, and we must find them for the retarded children who need them.

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Pages 968 through 978 contain reprints not available for reproduction from The Sunday News, Detroit, Michigan. "A Child is Waiting—A Home for Mandy?", by Ruth Carlton, Dec. 29, 1974; "A Child is Waiting—"Byron Responds," by Ruth Carlton, Jan. 12, 1975; "2 Families—4 Adoptions," by Ruth Carlton, Dec. 29, 1974; "New Adoption Series Reports Happy Endings." by Ruth Carlton, Dec. 29, 1974; "Jamie Needs a Special Love," by Ruth Carlton, Jan. 5, 1975; "Runaround Ends Adoption Dreams," by Ruth Carlton, Jan. 5, 1975; "Don Loves to Sing in Choir," by Ruth Carlton, Jan. 19, 1975; "A Child is Waiting...but Where?" by Ruth Carlton, April 13, 1975; "County Child Care Called 'Incompetent',by Ruth Carlton, Sept. 7, 1975. Page 979 contains an editorial article from The Detroit News, Friday, April 11, 1975 which is not available for reproduction. The article is "State Slows Adoptions: Public Left Waiting."